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## **1. INTRODUCTION**

### **1.1. Background**

Breast cancer incidence rates in the San Francisco Bay Area are among the highest in the world [1]. In 1994, breast cancer affected 125.1 per 100,000 white women, the racial-ethnic group with the highest incidence rate, and as the leading incident cancer in women accounted for 33% of all cancers diagnosed in women [2]. Although incidence rates (per 100,000) are lower in African-Americans (96.3), Latinas (74.3), and Asians (68.0), breast cancer is the leading cancer in these populations as well [2].

The pronounced racial-ethnic differences in breast cancer incidence between Latinas, African-Americans, and white women remain largely unexplained for several reasons: (1) Few analytic studies with an etiologic focus have been conducted in Latina and African-American populations [3-11]; (2) few breast cancer studies included non-white populations that were large enough for separate analysis and racial-ethnic comparisons of risk factors [5,7,8]; and (3) in the few studies that included African-American women only [3,4,6,9-11], the comparison of risk factors with those of other racial-ethnic groups is limited by differences in methodology and data collection instruments used in different studies. It therefore is not known to what extent the differences in incidence rates are attributable to racial/ethnic differences in (1) the magnitude of relative risks associated with known and suspected risk factors, (2) the prevalence of known and suspected risk factors, (3) the magnitude of relative risks and/or prevalence of risk factors yet to be identified, and (4) genetic susceptibility.

### **1.2. Purpose of On-going Research**

The San Francisco Bay Area offers a unique opportunity to conduct etiologic research in a multiracial/ethnic population given the large number of breast cancer cases diagnosed each year, 25% of whom are non-white. The on-going population-based case-control study funded by DOD is collecting interview data for African-American and white breast cancer cases and population controls. It uses the same protocol and data collection instruments as two complementary case-control studies conducted by the Principal Investigators: an on-going case-control study of breast cancer in Latina women (funded by the National Cancer Institute) which will complete data collection in the summer 1999 (PI: Dr. Esther M. John), and a case-control study of breast cancer in Latina, African-American, and white women over age 50 years (funded by the California Breast Cancer Research Program) which completed data collection in the spring of 1998 and is currently conducting data analyses (PI: Dr. Pamela Horn-Ross). The three studies are administered as one single case-control study, and the data from the three studies will be pooled for the DOD-funded analyses described below.

The purpose of the on-going study is to collect interview data on a broad array of known, suspected, and newly hypothesized factors, with the ultimate goal of pooling the data from the three case-control studies. The pooled data will allow us to examine racial/ethnic differences in breast cancer risk factors in a large multiracial/ethnic population from a single geographic area. This research will make a significant contribution to the lack of knowledge about the etiology of breast cancer in non-white populations and will help elucidate the reasons for the striking racial/ethnic differences in breast cancer incidence.

## **2. BODY**

### **2.1. Research Materials and Methods**

#### **2.1.1. Study Population**

Cases include women meeting the following eligibility criteria: (1) newly diagnosed with histologically confirmed, primary invasive breast cancer; (2) no previous history of *in-situ* or invasive breast cancer; (3) African-American or white (based on self-identification), aged 35-49 years at diagnosis, and diagnosed between April 1, 1995 and April 30, 1998; (4) African-American or white (based on self-identification) aged 50-79 years at diagnosis, and diagnosed between April 1, 1995 and June 30, 1995 or between November 1, 1996 and April 30, 1998; (5) alive at the time of contact; (6) residing in Alameda, Contra Costa, San Francisco, San Mateo, or Santa Clara counties, California, at the time of diagnosis.

African-American and white breast cancer cases aged 50 years and over diagnosed between July 1, 1995 and October 31, 1996 are included in the case-control study by Dr. Horn-Ross.

Women with newly diagnosed breast cancer are identified through the two population-based cancer registries operated by the Northern California Cancer Center. Confidential information on newly diagnosed breast cancer cases is obtained from the registries about every 6 weeks. Based on recent registry data, we anticipate that 455 African-American and 4,550 white breast cancer patients will be eligible for the on-going study. All African-American women and a 10% random sample of white women are invited to participate in the interview. After excluding cases who are deceased or have a personal history of breast cancer, interviews are expected to be completed for 570 cases (260 blacks and 310 whites) funded by the DOD.

Controls include a probability sample of women who meet the following criteria: (1) No previous history of breast cancer; (2) alive and between the ages of 35 and 79 years at the time of selection into the study; (3) residing in Alameda, Contra Costa, San Francisco, San Mateo, or Santa Clara counties, California, at the time of selection into the study; (4) African-American or white based on self-identification.

Controls are identified through random-digit-dialing (RDD). A bank of 70,000 random numbers has been established for the three case-control studies. The random numbers are called by four telephone specialists in monthly waves of 2,500 numbers. After completion of each wave, controls are randomly selected into the study from the pool of eligibles. Controls are frequency-matched to cases by race (African-American, white) and five-year age group (35-39, .... 75-79). Equal number of case and control interviews will be completed.

#### **2.1.2. Data collection procedures**

Data collection is performed by experienced professional interviewers and involves a brief screening interview administered over the telephone and an in-person interview usually administered at the participant's home. The screening interview inquires about current age, racial/ethnic background, adoption status, Jewish heritage, personal history of breast or ovarian cancer, and history of cancer in first-degree relatives (see Appendix A). The in-home interview involves the administration of the consent form, a structured questionnaire, and the

measurement of weight, height, waist and hip circumference, and skin pigmentation using a Minolta Chromameter. The questionnaire inquires about demographic background, physical activity, sunlight exposure, diet, supplement intake, anthropometry, residential history, occupational history, pregnancy history, menstrual history, hormone use, and medical history (see Appendix B)

The interview and measurements take 2 to 2 1/2 hours to administer for most participants.

To ensure that we achieve satisfying response rates given the lengthy home interview, we started a compensation program in July 1997 which has been well received. All study participants are offered \$25.00 for their time and effort in completing the home interview.

### **2.1.3. Data management**

Progress in RDD and data collection (e.g., screening, in-person interview, measurements) is monitored through two computerized FOXPRO tracking systems. Data entry of screening and questionnaire data is also performed through FOXPRO data entry screens.

### **2.1.4. Quality control**

Several quality control procedures have been implemented to ensure the collection of high quality data. (1) Each completed questionnaire is edited by the interviewer immediately following the interview. (2) Each edited questionnaire is reviewed by the Program Manager. Missing data items and obvious error and inconsistencies in answers are identified and clarified by re-contacting the study participant. (3) Each interviewer is observed by the Program Manager while conducting an interview in the field. A report on the observation is prepared and discussed with the interviewer. (4) Interviewers meet every two weeks with the Program Manager to discuss progress and quality of the completed work. (5) Interviewers participate in quarterly staff meetings, or more often as needed, to discuss specific issues arising in the field (e.g., refusals, no-shows, home visits, organization of work load, incentives, etc) and to participate in refresher sessions on specific questionnaire items and measurements. (6) Equipment (i.e., scales, chromameters) is periodically calibrated by office staff. (7) A sample of study participants is being re-contacted and questioned about specific sections of the questionnaire (see below on reliability study). (7) Data entry is on-going and is done twice to easily identify data entry errors.

## **2.2. Results**

Data collection for the DOD component of the on-going case-control study has been on-going since July 1996 and is expected to be completed by the Fall of 1999. Statistical analyses will be conducted upon completion of data collection and data entry.

### **2.2.1. Completed Field Work**

Cases: As of June 16, 1998, 3,774 newly diagnosed breast cancer cases have been reported to the cancer registry who were listed as African-American or white and who have been diagnosed during the ascertainment period of the DOD component described above. The study population includes a 10% random sample of white cases and all African-American cases. To date, 827 cases have identified and selected. Of these, 195 did not meet the eligibility criteria and were therefore excluded from the study population: 37 had a prior diagnosis of breast cancer, 32 cases were deceased at the time of contact, 3 cases did not speak sufficient English

to complete the home interview, and 118 did not identify themselves as African-American or white. As required by the cancer registries, the physicians of potentially eligible patients were contacted before inviting them to participate in the study. Contraindications were given for 10 patients who subsequently were not contacted.

Of the remaining 629 cases eligible for the home interview, 194 are currently pending in the field (35 pending physician approval, 144 pending screening, and 15 pending the home interview). Of the remaining 435 cases, 382 (88%) completed the telephone screening interview and 337 (78%) completed the home interview and measurements (including 178 African-American and 159 white cases).

**Controls:** To date, 59,200 random telephone numbers have been closed out and screened for eligible population controls for the three on-going studies. From the pool of eligibles, 760 controls (whites and African-Americans aged 35-79) were selected into the DOD study. Of these, 38 did not meet the eligibility criteria and were therefore excluded from the study population: 25 had prior breast cancer, 7 did not self-identify themselves as African-American or white, 4 did not speak sufficient English to complete the home interview, and 2 were deceased at the time of recruitment. Of the remaining 722 eligible controls, 185 are currently pending in the field (171 pending screening, 14 pending the home interview). Of the remaining 537 eligible controls, 464 (87%) completed the screening interview, and 383 (71%) completed the home interview and measurements (including 199 African-Americans and 184 whites).

#### **2.2.2. Revised Work Scope**

We recently reviewed our original estimates of case accrual and interview completion rates with our actual field experience and revised the work scope accordingly. Our case accrual rates agree with our original estimates. The number of cases meeting the eligibility criteria (i.e., no history of breast cancer, alive at the time of contact) is slightly lower than originally estimated, as are the response rates. For the 3 studies combined, we had originally estimated to collect interview data for 480 African-American, 540 white, and 630 Latina cases and equal numbers of controls. Based on our actual field experience, we now project to complete home interviews with 380 African-American and 455 white cases and equal numbers of controls, and 505 Latina cases and 760 Latina controls (1.5 controls per case among Latinas only), or a total of 2,935 participants. Of these, 260 African-American and 310 white cases and equal numbers of controls will be completed as part of the DOD-funded study.

#### **2.2.3. Completed Interviews vs. Revised Work Scope**

According to the revised work scope for the DOD study, we are 68% done for African-American cases (178 of 260), and 51% done for white cases (159 of 310). With regard to controls, we are 77% done for African-Americans (199 of 260) and 59% done for whites (184 of 310). The remaining interviews will be completed in year 3 and the early part of year 4 of the project.

One of the goals of this project is to combine the data collected from the 3 on-going case-control studies for statistical analysis. Across the 3 studies we have completed home interviews with a total of 873 cases (271 African-Americans, 325 Latinas, and 277 whites) and 1,027 controls (300 African-Americans, 424 Latinas, and 303 whites). We therefore have

completed 65% (1,900 of 2,935) of the projected work load. The remaining data will be collected by the Fall of 1999.

#### **2.2.4. Reliability Study**

A reliability study was planned and implemented in year 2. A sample of study participants is being re-contacted and asked a set of questions included in the original questionnaire. The reliability study is focused on the questions contained in the sections on physical activity, sunlight exposure, and occupational history which deal with the major hypotheses of this study.

### **3. CONCLUSIONS**

All components of data collection have been launched and are conducted by an extraordinary professional team of office and field staff that is highly motivated, experienced, and productive. Data collection is progressing according to schedule and will be completed by the Fall of 1999 according to the originally proposed time line.

### **4. LITERATURE CITED**

1. Miller BA, Ries LAG, Hankey BF, et al. (eds). Cancer Statistics Review: 1973-1989, National Cancer Institute. NIH Pub. No. 92-2789, 1992.
2. Prehn AW, Leung, Davis MM, et al. Cancer incidence in the San Francisco Bay Area, 1988-1994. Union City, CA:Northern California Cancer Center, 1997.
3. Palmer JR, Rosenberg L, Rao RS, et al. Oral contraceptive use and breast cancer risk among African-American women. *Cancer Causes and Control* 1995;6:321-31.
4. Palmer JR, Rosenberg L, Harlap S. et al. Adult height and risk of breast cancer among US black women. *Am J Epidemiol* 1995;141:845-9.
5. Brinton LA, Daling JR, Liff JM, et al. Oral contraceptives and breast cancer risk among younger women. *J Natl Cancer Inst* 1995;87:827-35.
6. Mayberry RM. Age-specific patterns of association between breast cancer and risk factors in black women, ages 20 to 39 and 40 to 54. *Ann Epidemiol* 1994;4:205-13.
7. Krieger N, Wolff MS, Hiatt RA, et al. Breast cancer and serum organochlorines: a prospective study among white, black, and Asian women. *J Natl Cancer Inst* 1994;86:589-99.
8. Mayberry RM, Stoddard-Wright C. Breast cancer risk factors among black women and white women: Similarities and differences. *Am J Epidemiol* 1992;136:1445-56.
9. Amos CI, Goldstein AM, Harris EL. Familiality of breast cancer and socioeconomic status in blacks. *Cancer Res* 1991;51:1793-97.

10. Schatzkin A, Palmer JR, Rosenberg L, et al. Risk factors for breast cancer in black women. J Natl Cancer Inst 1987;78:213-17.
11. Austin H, Cole P, Wynder E. Breast cancer in black American women. Int J Cancer 1979;24:541-44.

**APPENDIX A**  
**CASE SCREENING INTERVIEW**



## CASE SCREENING INTERVIEW

Date Screener Completed       Study ID

Hello, my name is \_\_\_\_\_, I'm Calling from the Northern California Cancer Center. May I speak to \_\_\_\_\_ (NAME OF CASE WOMAN)?

### IF CASE WOMAN ANSWERS THE PHONE:

We recently sent you an invitation to participate in a project on women's health. Have you received our invitation?

### IF SHE HAS RECEIVED THE LETTER:

As you may recall, the letter said we would be calling to ask you a few questions and to answer any questions you might have. We have several on-going breast cancer projects.

### IF SHE HAS NOT RECEIVED OR NOT READ THE LETTER:

Our center has several projects to increase our knowledge about women's health. We are looking for ways to prevent breast cancer. We are interviewing women in the San Francisco Bay Area who have had breast cancer, as well as women who have not.

To determine which project you may be eligible for, I would like to ask you a few questions. This should take only 5 minutes.

Before we get started, I want to remind you that your participation is voluntary, and there are no consequences if you decide not to participate. At any time you may decide not to participate in the project, or choose not to answer certain questions. The information you provide will be kept confidential. Before we begin, do you have any questions?

### ANSWER ANY QUESTIONS.

May I begin with the first question?    Yes    No

G:\screener.doc



Let me start with the first question:

**Q1.** How old were you on your last birthday?

|  |  |
|--|--|
|  |  |
|--|--|

**Q2.** Which of the following categories best describes your racial/ethnic background? (**READ CHOICES, RECORD UP TO TWO**)

Hispanic or Latina

16

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

African-American or Black

2

White

1

OTHER(specify) \_\_\_\_\_

**INTERVIEWER:**

**DO NOT READ, FOR CODING ONLY**

**AFRICAN AMERICAN OR BLACK, HISPANIC.....17**

**NATIVE AMERICAN.....3**

**CHINESE.....4**

**JAPANESE.....5**

**FILIPINO.....6**

**HAWAIIAN.....7**

**KOREAN.....8**

**ASIAN INDIAN PAKISTANI.....9**

**VIETNAMESE.....10**

**OTHER(SPECIFY).....11**

**Q3.** Were you adopted?

YES

1 (GO TO Q3A.)

NO

2 (GO TO Q4.)

DK

9 (GO TO Q4.)

**Q3A.** Do you know anything about your biological family?

YES

1 (GO TO Q4.)

NO

2 (GO TO Q6.)

**Q4.** Were any of your four grandparents of Jewish heritage?

YES

1

NO

2 (GO TO Q6.)

DK

9 (GO TO Q6.)

**IF YES:**

**Q5.** How many of your grandparents were Jewish heritage?

|  |    |
|--|----|
|  | of |
|--|----|

**Q6.** Have you (ever) had breast cancer?

|     |                |
|-----|----------------|
| YES | 1 (GO TO Q7. ) |
| NO  | 2 (GO TO Q10.) |
| DK  | 9 (GO TO Q10.) |

**Q7.** Was it in one or both breasts?

|      |                |
|------|----------------|
| ONE  | 1 (GO TO Q10.) |
| BOTH | 2 (GO TO Q8. ) |
| DK   | 9 (GO TO Q10.) |

**Q8.** How old were you when your first breast cancer was diagnosed?

|                      |                      |     |
|----------------------|----------------------|-----|
| <input type="text"/> | <input type="text"/> | AGE |
|----------------------|----------------------|-----|

**Q9.** In what month and year were you first diagnosed?

|                      |                      |       |                      |                      |
|----------------------|----------------------|-------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | 19    | <input type="text"/> | <input type="text"/> |
|                      |                      | MONTH | YEAR                 |                      |

**IF FIRST DIAGNOSED BEFORE APRIL 1995, COMPLETE SCREENER, BUT DON'T SCHEDULE INTERVIEW. CONTACT OFFICE IMMEDIATELY.**

**Q10.** Have you ever had ovarian cancer?

|     |   |
|-----|---|
| YES | 1 |
| NO  | 2 |
| DK  | 9 |

**Q11.** Did you have any type of cancer diagnosed before you were 20?

|     |   |
|-----|---|
| YES | 1 |
| NO  | 2 |
| DK  | 9 |

**IF ADOPTED, AND DOESN'T KNOW ABOUT BIOLOGICAL FAMILY,**

**GO TO Q15. AND ASK ABOUT DAUGHTERS, THEN  
GO TO Q19. AND ASK ABOUT SONS.**

**OTHERWISE CONTINUE.**

Now I would like to ask you about whether certain of your blood relatives, living or deceased, have had breast cancer, ovarian cancer, or any type of childhood cancer.

|  |   |   |
|--|---|---|
|  |   | <b>IF YES:</b><br><b>Q13.</b> What kind of cancer did she have?<br><br><b>Q14.</b> How old was she when she was first diagnosed with this cancer? |
| <b>Q12.</b> Has your <u>mother</u> ever had breast cancer, ovarian cancer, <u>or</u> any type of childhood cancer diagnosed before the age of 20?                        | YES            1→<br>NO             2<br>DK             9                   | BREAST      1      AGE: _____<br>OVARIAN    2      AGE: _____<br>OTHER       8      AGE: _____<br>(SPECIFY)                                       |
| How about any of your <u>sisters</u> ?   | YES            1→<br>NO             2<br>DK             9<br>NO SIST      8 | <b>SISTER #1</b><br>BREAST      1      AGE: _____<br>OVARIAN    2      AGE: _____<br>OTHER       8      AGE: _____<br>(SPECIFY)                   |
|  |   | <b>SISTER #2</b><br>BREAST      1      AGE: _____<br>OVARIAN    2      AGE: _____<br>OTHER       8      AGE: _____<br>(SPECIFY)                   |
|  |   | <b>SISTER #3</b><br>BREAST      1      AGE: _____<br>OVARIAN    2      AGE: _____<br>OTHER       8      AGE: _____<br>(SPECIFY)                   |
| <b>ASK ALL</b><br><br><b>Q15.</b> Have any of your <u>daughters</u> ever had breast cancer, ovarian cancer, <u>or</u> any type of childhood cancer before the age of 20? | YES            1→<br>NO             2<br>DK             9<br>NO DAUG    8   | <b>DAUGHTER #1</b><br>BREAST      1      AGE: _____<br>OVARIAN    2      AGE: _____<br>OTHER       8      AGE: _____<br>(SPECIFY)                 |
|  |   | <b>DAUGHTER #2</b><br>BREAST      1      AGE: _____<br>OVARIAN    2      AGE: _____<br>OTHER       8      AGE: _____<br>(SPECIFY)                 |

|  |   |  |
|--|---|--|
|  |   | <b>IF YES:</b><br><b>Q17.</b> What kind of cancer did he have?<br><br><b>Q18.</b> How old was he when he was first diagnosed with this cancer? |
| <b>Q16.</b> Has your <u>father</u> ever had breast cancer, <u>or</u> any type of childhood cancer diagnosed before the age of 20 ?                       | YES      1 →<br>NO        2<br>DK        9                | BREAST    1      AGE: _____<br>OTHER     8      AGE: _____<br>(SPECIFY)  |
| How about any of your <u>brothers</u> ?  | YES      1 →<br>NO        2<br>DK        9<br>NO BROTH 8  | <b>BROTHER #1</b><br>BREAST    1      AGE: _____<br>OTHER     8      AGE: _____<br>(SPECIFY)   |
|  |   | <b>BROTHER #2</b><br>BREAST    1      AGE: _____<br>OTHER     8      AGE: _____<br>(SPECIFY)   |
|  |   | <b>BROTHER #3</b><br>BREAST    1      AGE: _____<br>OTHER     8      AGE: _____<br>(SPECIFY)   |
| <b>ASK ALL</b><br><br><b>Q19.</b> Have any of your <u>sons</u> had breast cancer, <u>or</u> any type of childhood cancer diagnosed before the age of 20? | YES      1 →<br>NO        2<br>DK        9<br>NO SONS   8 | <b>SON #1</b><br>BREAST    1      AGE: _____<br>OTHER     8      AGE: _____<br>(SPECIFY)   |
|  |   | <b>SON #2</b><br>BREAST    1      AGE: _____<br>OTHER     8      AGE: _____<br>(SPECIFY)   |

**IF PARTICIPANT REPORTS OTHER CANCERS AND/OR OTHER RELATIVES WITH CANCER, R**

| TYPE OF RELATIVE | TYPE OF CANCER | AGE AT<br>DIAGNOSIS |
|------------------|----------------|---------------------|
|------------------|----------------|---------------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## INTERVIEW SET-UP

### **ARRANGE AN IN-HOME INTERVIEW FOR PARTICIPANTS WHO CONSIDER THEMSELVES: AFRICAN-AMERICAN WHITE WITH A SELECTION NUMBER OF 0 (ZERO)**

These are all the questions I have for you today. I would like to thank you very much for answering these questions. Now I would like to invite you to participate in one of our studies which will involve an interview with you in person. We would like to do this in your home at a time which is convenient for you. The interview may take about 2 hours, depending on how much you have to say. We will compensate you \$25.00 for your time and effort. The questionnaire will cover lifestyle factors such as exercise, nutrition, work history, and other activities.

How about \_\_\_\_\_? **(SUGGEST AN AVAILABLE TIME)** Is this a good time for you?

Let me confirm your address. Do you still live at \_\_\_\_ **(CONFIRM ADDRESS)?**

**NEW ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Is there any apartment number? \_\_\_\_\_

Could you please give me directions to your home?

If you can not make our appointment, would you please call the office at (510) 429-2527. If you prefer, you may call collect between 8:30 a.m. and 5:00 p.m. at (510) 429-2500.

Thank you again for your time and interest in this study. I will be taking some measurements and it would be very helpful if you would wear light clothing with short sleeves. I am looking forward to meeting you on \_\_\_\_\_ **(CONFIRM APPOINTMENT DATE).**

### **CLOSE THE SCREENING INTERVIEW WITH PARTICIPANTS WHO CONSIDER THEMSELVES: WITH A SELECTION NUMBER OF 1-9 ASIAN OR OTHER**

These are all the questions I have for you today. I would like to thank you very much for answering these questions. If you should prove to be eligible for one of our studies, we will contact you again soon. Thanks again for your help.

**APPENDIX B**  
**QUESTIONNAIRE**

Revision date:03/03/98

PARTICIPANT ID:

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**BAY AREA WOMEN'S HEALTH STUDY**

REFERENCE YEAR

19

|  |  |
|--|--|
|  |  |
|--|--|

IF PARTICIPANT IS LATINA, ASK:

Do you prefer to be interviewed in English or Spanish?

QUESTIONNAIRE PREFERRED:

ENGLISH

1

SPANISH

2

NO PREFERENCE

3

IF NO PREFERENCE:

IF PARTICIPANT ID ENDS IN 0,2,4,6 or 8 USE ENGLISH

IF PARTICIPANT ID ENDS IN 1,3,5,7 OR 9 USE SPANISH VERSION

QUESTIONNAIRE USED:

ENGLISH

1

SPANISH

2

INTERVIEWER:

|  |  |
|--|--|
|  |  |
|--|--|

DATE OF INTERVIEW:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

MO DAY YEAR

Anthro. Measurement

Y N

Skin Measurement

Y N

Money Order # \_\_\_\_\_

**GIVE PARTICIPANT A COPY OF THE CONSENT FORM IN APPROPRIATE LANGUAGE(S) AND GO THROUGH IT WITH HER.**

**SET-UP FOOD MODELS WHILE PARTICIPANT READS AND SIGNS CONSENT FORM.**

STARTING TIME OF INTERVIEW

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

HR

MIN

AM 1

PM 2

p:\hispan2\quex298.doc



## SECTION A. DEMOGRAPHIC AND CULTURAL BACKGROUND

Thank you again for participating in this important women's health study. In the first section of the interview, I would like to ask for some background information about you and your family.

Let me start with your age.

A1. How old were you on your last birthday?

|     |  |
|-----|--|
|     |  |
| AGE |  |

A2. What is your date of birth?

|    |  |     |  |      |  |
|----|--|-----|--|------|--|
|    |  |     |  |      |  |
| MO |  | DAY |  | YEAR |  |

A3. What is the highest grade or level of school that you completed?

DID NOT ATTEND SCHOOL 98

GRADE (1-11)

|  |  |
|--|--|
|  |  |
|--|--|

HIGH SCHOOL GRADUATE OR GED 12

VOCATIONAL OR TECHNICAL TRAINING 13

SOME COLLEGE OR UNIVERSITY 14

GRADUATED FROM COLLEGE (4-YEAR) 16

POST GRADUATE 18

DK 99

A4. Which of the following choices best describes your race or ethnic background?  
 (SHOW CARD A, READ CHOICES) (RECORD UP TO TWO)

- 1 Mexican or Mexican-American
- 2 Central American
- 3 South American
- 4 African-American or Black
- 5 White or Caucasian

☐ ☐

- 8 OTHER (SPECIFY) \_\_\_\_\_
- 9 DK

A5. In what country were you born? \_\_\_\_\_

☐ ☐ ☐

RECORD PARTICIPANT'S ADOPTION STATUS:  
 (FROM SCREENING INTERVIEW)

ADOPTED

|     |   |
|-----|---|
| YES | 1 |
| NO  | 2 |
| DK  | 9 |

IF ADOPTED: ASK A6-A11 FOR ADOPTIVE PARENTS AND GRANDPARENTS.  
 IF NOT ADOPTED: ASK A6-A11 FOR BIOLOGICAL PARENTS AND GRANDPARENTS.

A6. In what country was your mother born? \_\_\_\_\_

☐ ☐ ☐

A7. Your father? \_\_\_\_\_

☐ ☐ ☐

A8. Your mother's mother? \_\_\_\_\_

☐ ☐ ☐

A9. Your mother's father? \_\_\_\_\_

☐ ☐ ☐

A10. Your father's mother? \_\_\_\_\_

☐ ☐ ☐

A11. Your father's father? \_\_\_\_\_

☐ ☐ ☐

|  |
|--|
| IF PARTICIPANT IS WHITE OR AFRICAN-AMERICAN, GO TO SECTION B<br>IF PARTICIPANT IS LATINA OR PARTLY LATINA, GO TO QUESTION A12. |
|--|

ASK A12 - A17 OF LATINA PARTICIPANTS ONLY

**A12. What was the first language you learned to speak? (READ CHOICES)**

|                          |   |
|--------------------------|---|
| Spanish                  | 1 |
| Both Spanish and English | 3 |
| English                  | 5 |
| OTHER (SPECIFY) _____    | 8 |
| DK                       | 9 |

**SHOW CARD B FOR QUESTIONS A13 - A17**

**A13. What languages do you speak now? (SHOW CARD B, READ CHOICES)**

|                                   |   |                  |
|-----------------------------------|---|------------------|
| Spanish only                      | 1 | <b>GO TO B1.</b> |
| More Spanish than English         | 2 |                  |
| Spanish and English about equally | 3 |                  |
| More English than Spanish         | 4 |                  |
| English only                      | 5 | <b>GO TO B1.</b> |
| DK                                | 9 |                  |

**A14. What languages do you usually speak with your spouse or partner?  
(SHOW CARD B, READ CHOICES)**

|                                   |   |
|-----------------------------------|---|
| Spanish only                      | 1 |
| More Spanish than English         | 2 |
| Spanish and English about equally | 3 |
| More English than Spanish         | 4 |
| English only                      | 5 |
| N/A                               | 8 |
| DK                                | 9 |

A15. Do you have any children living in the United States?

|     |              |
|-----|--------------|
| YES | 1            |
| NO  | 2 GO TO A17. |
| DK  | 9 GO TO A17. |

**IF YES:**

A16. What languages do you usually speak with your children?  
(SHOW CARD B, READ CHOICES)

|                                   |   |
|-----------------------------------|---|
| Spanish only                      | 1 |
| More Spanish than English         | 2 |
| Spanish and English about equally | 3 |
| More English than Spanish         | 4 |
| English only                      | 5 |
| DK                                | 9 |

A17. What languages do you usually speak with your friends?  
(SHOW CARD B, READ CHOICES)

|                                   |   |
|-----------------------------------|---|
| Spanish only                      | 1 |
| More Spanish than English         | 2 |
| Spanish and English about equally | 3 |
| More English than Spanish         | 4 |
| English only                      | 5 |
| DK                                | 9 |

## SECTION B. PHYSICAL ACTIVITIES

The next questions are about your physical activities and exercise habits. First I will ask you about walking and bicycling to school and work. If your walking or bicycling patterns changed, please answer the following questions separately for each period.

B1. When you were in school, did you walk to and from school at least 20 minutes a day for at least 4 months out of the year?

YES 1  
NO 2 GO TO B2.  
DK 9 GO TO B2.

**IF YES: ASK a. - e.**

|  | WALK TO SCHOOL   | WALK TO SCHOOL   | WALK TO SCHOOL   |
|--|--|--|--|
| a. How old were you when you started walking to school at least 20 minutes a day?  | <div><div></div><div></div><br/>AGE</div>                          | <div><div></div><div></div><br/>AGE</div>                          | <div><div></div><div></div><br/>AGE</div>                          |
| b. How old were you when you stopped walking to school at least 20 minutes a day?  | <div><div></div><div></div><br/>AGE</div>                          | <div><div></div><div></div><br/>AGE</div>                          | <div><div></div><div></div><br/>AGE</div>                          |
| c. How many days a week did you walk to school?  | <div><div></div><br/>DAYS PER WEEK</div>                           | <div><div></div><br/>DAYS PER WEEK</div>                           | <div><div></div><br/>DAYS PER WEEK</div>                           |
| d. On the days you walked to school, how many minutes a day <u>in total</u> did you spend walking <u>to and from school</u> ?      | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9 | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9 | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9 |
| e. For how many months each year did you walk to school?   | <div><div></div><div></div><br/>MONTHS PER YEAR</div>              | <div><div></div><div></div><br/>MONTHS PER YEAR</div>              | <div><div></div><div></div><br/>MONTHS PER YEAR</div>              |
| <b>PROBE: ARE THERE ANY OTHER TIMES WHEN YOU WALKED TO SCHOOL AT LEAST 20 MINUTES A DAY FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b> |  |  |  |

B2. Did you ride a bicycle to and from school at least 20 minutes a day for at least 4 months out of the year?

YES 1  
 NO 2 GO TO B3.  
 DK 9 GO TO B3.

**IF YES: ASK a. - e.**

|  | BICYCLE<br>TO SCHOOL  | BICYCLE<br>TO SCHOOL  |
|--|---|---|
| a. How old were you when you started bicycling to school at least 20 minutes a day?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             |
| b. How old were you when you stopped bicycling to school at least 20 minutes a day?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             |
| c. How many days a week did you bicycle to school?   | <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> DAYS PER WEEK   | <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> DAYS PER WEEK   |
| d. On the days you bicycled to school, how many minutes a day <u>in total</u> did you spend bicycling <u>to and from school</u> ?          | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9                                      | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9                                      |
| e. For how many months each year did you bicycle to school?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> MONTHS PER YEAR | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> MONTHS PER YEAR |
| <b>PROBE: ARE THERE ANY OTHER TIMES WHEN YOU RODE A BICYCLE TO SCHOOL AT LEAST 20 MINUTES A DAY FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b> |   |   |

B3. Did you ever walk to work at least 20 minutes a day for at least 4 months out of the year?

YES 1  
 NO 2 GO TO B4.  
 DK 9 GO TO B4.

**IF YES: ASK a. - e.**

|  | WALK<br>TO WORK   | WALK<br>TO WORK   |
|--|---|---|
| a. How old were you when you started walking to work at least 20 minutes a day?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             |
| b. How old were you when you stopped walking to work at least 20 minutes a day?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             |
| c. How many days a week did you walk to work?  | <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> DAYS PER WEEK   | <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> DAYS PER WEEK   |
| d. On the days you walked to work, how many minutes a day <u>in total</u> did you spend walking <u>to and from</u> work?         | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9                                      | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9                                      |
| e. For how many months each year did you walk to work?   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> MONTHS PER YEAR | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> MONTHS PER YEAR |
| <b>PROBE: ARE THERE ANY OTHER TIMES WHEN YOU WALKED TO WORK AT LEAST 20 MINUTES A DAY FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b> |   |   |

B4. Did you ever ride a bicycle to work at least 20 minutes a day for at least 4 months out of the year?

YES 1  
NO 2 GO TO B5.  
DK 9 GO TO B5.

**IF YES: ASK a. - e.**

|  | BICYCLE<br>TO WORK   | BICYCLE<br>TO WORK   |
|--|--|--|
| a. How old were you when you started bicycling to work at least 20 minutes a day?  | <div><div></div><div></div></div><br>AGE                           | <div><div></div><div></div></div><br>AGE                           |
| b. How old were you when you stopped bicycling to work at least 20 minutes a day?  | <div><div></div><div></div></div><br>AGE                           | <div><div></div><div></div></div><br>AGE                           |
| c. How many days a week did you bicycle to work?   | <div></div><br>DAYS PER WEEK                                       | <div></div><br>DAYS PER WEEK                                       |
| d. On the days you bicycled to work, how many minutes a day <u>in total</u> did you spend bicycling <u>to and from work</u> ?            | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9 | Less than 1/2 hr 1<br>1/2 hr to 1 hr 2<br>more than 1 hr 3<br>DK 9 |
| e. For how many months each year did you bicycle to work?  | <div><div></div><div></div></div><br>MONTHS PER YEAR               | <div><div></div><div></div></div><br>MONTHS PER YEAR               |
| <b>PROBE: ARE THERE ANY OTHER TIMES WHEN YOU RODE A BICYCLE TO WORK AT LEAST 20 MINUTES A DAY FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b> |  |  |



- B5. Now, think about farm work, yardwork, and other strenuous chores you did outdoors when you were less than 16 years old. **(SHOW CARD C)** Such chores include bailing hay, picking fruit, digging, mowing the lawn, chopping wood, shoveling snow, carrying water from the river, washing clothes with a washboard, grinding corn, etc. Also, think about other strenuous chores outdoors not shown on this card.

When you were less than 16 years old, did you do any strenuous chores outdoors at least 2 hours a week for at least 4 months out of the year?

YES 1  
NO 2 GO TO B6.  
DK 9 GO TO B6.

**IF YES: ASK a. - d.**

|   | STRENUOUS OUTDOOR<br>CHORES BEFORE AGE 16   | STRENUOUS OUTDOOR<br>CHORES BEFORE AGE 16   |
|---|---|---|
| a. How old were you when you started doing strenuous chores <u>outdoors</u> for at least 2 hours a week?                                      | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             |
| b. How old were you when you stopped doing strenuous chores outdoors for at least 2 hours a week?   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             |
| c. On average, about how many hours <u>a week</u> did you do strenuous chores outdoors?<br><b>(SHOW CARD D, READ CHOICES)</b>                 | 2-3 hours a week 1<br>4-5 hours 2<br>6-7 hours 3<br>8 or more hours 4<br>DK 9                           | 2-3 hours a week 1<br>4-5 hours 2<br>6-7 hours 3<br>8 or more hours 4<br>DK 9                           |
| d. For how many months each year did you do strenuous chores outdoors?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> MONTHS PER YEAR | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> MONTHS PER YEAR |
| <b>PROBE: ARE THERE ANY OTHER TIMES WHEN YOU DID STRENUOUS CHORES OUTDOORS AT LEAST 2 HOURS A WEEK FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b> |   |   |

- B6. Now, think about farm work, yardwork, and other strenuous chores you did outdoors since you were 16 years or older. **(SHOW CARD E)**

Think only about strenuous chores you did for yourself or your family and were not paid for.

Since you were 16 years old, did you do any strenuous chores outdoors at least 2 hours a week for at least 4 months out of the year?

YES 1  
NO 2 GO TO B7.  
DK 9 GO TO B7.

**IF YES: ASK a. - d.**

|   | STRENUOUS OUTDOOR<br>CHORES SINCE AGE 16   | STRENUOUS OUTDOOR<br>CHORES SINCE AGE 16   |
|---|--|--|
| a. How old were you when you started doing strenuous chores <u>outdoors</u> for at least 2 hours a week?                                      | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">AGE</div> </div>             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">AGE</div> </div>             |
| b. How old were you when you stopped doing strenuous chores for at least 2 hours a week?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">AGE</div> </div>             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">AGE</div> </div>             |
| c. On average, about how many hours <u>a week</u> did you do strenuous chores outdoors?<br><b>(SHOW CARD F, READ CHOICES)</b>                 | 2-5 hours a week 1<br>6-10 hours 2<br>11-15 hours 3<br>16-20 hours 4<br>21 or more hours 5<br>DK 9   | 2-5 hours a week 1<br>6-10 hours 2<br>11-15 hours 3<br>16-20 hours 4<br>21 or more hours 5<br>DK 9   |
| d. For how many months each year did you do strenuous chores outdoors?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">MONTHS PER YEAR</div> </div> | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">MONTHS PER YEAR</div> </div> |
| <b>PROBE: ARE THERE ANY OTHER TIMES WHEN YOU DID STRENUOUS CHORES OUTDOORS AT LEAST 2 HOURS A WEEK FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b> |  |  |

- B7. Now, think about strenuous household chores you did when you were less than 16 years old. **(SHOW CARD G)** Such chores include scrubbing floors, sweeping, vacuuming, washing windows, etc. Also, think about other strenuous household chores not shown on this card.

When you were less than 16 years old, did you do strenuous household chores at least 2 hours a week for at least 4 months out of the year?

YES 1  
NO 2 GO TO B8.  
DK 9 GO TO B8.

**IF YES:** ASK a. - d.

|  | STRENUOUS HOUSEHOLD<br>CHORES BEFORE AGE 16   | STRENUOUS HOUSEHOLD<br>CHORES BEFORE AGE 16   |
|--|---|---|
| a. How old were you when you started doing strenuous household chores for at least 2 hours a week?   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: -5px; width: 10px; height: 10px; border: 1px solid black;"></div> </div><br>AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: -5px; width: 10px; height: 10px; border: 1px solid black;"></div> </div><br>AGE             |
| b. How old were you when you stopped doing strenuous household chores for at least 2 hours a week?   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: -5px; width: 10px; height: 10px; border: 1px solid black;"></div> </div><br>AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: -5px; width: 10px; height: 10px; border: 1px solid black;"></div> </div><br>AGE             |
| c. On average, about how many hours <u>a week</u> did you do strenuous household chores?<br><b>(SHOW CARD H, READ CHOICES)</b>                 | 2-3 hours a week 1<br>4-5 hours 2<br>6-7 hours 3<br>8 or more hours 4<br>DK 9   | 2-3 hours a week 1<br>4-5 hours 2<br>6-7 hours 3<br>8 or more hours 4<br>DK 9   |
| d. For how many months each year did you do strenuous household chores?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: -5px; width: 10px; height: 10px; border: 1px solid black;"></div> </div><br>MONTHS PER YEAR | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: -5px; width: 10px; height: 10px; border: 1px solid black;"></div> </div><br>MONTHS PER YEAR |
| <b>PROBE:</b> ARE THERE ANY OTHER TIMES WHEN YOU DID STRENUOUS HOUSEHOLD CHORES AT LEAST 2 HOURS A WEEK FOR AT LEAST 4 MONTHS OUT OF THE YEAR? |   |   |

- B8. Now, think about strenuous household chores you did since you were 16 years or older. **(SHOW CARD I)** Think only about strenuous household chores you did for yourself or your family and were not paid for.

Since you were 16 years old, did you do any strenuous household chores at least 2 hours a week for at least 4 months out of the year?

YES 1  
NO 2 GO TO B9.  
DK 9 GO TO B9.

**IF YES: ASK a. - d.**

|  | STRENUOUS HOUSEHOLD<br>CHORES SINCE AGE 16  | STRENUOUS HOUSEHOLD<br>CHORES SINCE AGE 16  |
|--|---|---|
| a. How old were you when started doing strenuous household chores for at least 2 hours a week?   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             |
| b. How old were you when you stopped doing strenuous household chores for at least 2 hours a week?   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE             |
| c. On average, about how many hours <u>a week</u> did you do strenuous household chores?<br><b>(SHOW CARD J, READ CHOICES)</b>                 | 2-5 hours a week 1<br>6-10 hours 2<br>11-15 hours 3<br>16-20 hours 4<br>21 or more hours 5<br>DK 9      | 2-5 hours a week 1<br>6-10 hours 2<br>11-15 hours 3<br>16-20 hours 4<br>21 or more hours 5<br>DK 9      |
| d. For how many months each year did you do strenuous household chores?  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> MONTHS PER YEAR | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> MONTHS PER YEAR |
| <b>PROBE: ARE THERE ANY OTHER TIMES WHEN YOU DID STRENUOUS HOUSEHOLD CHORES AT LEAST 2 HOURS A WEEK FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b> |   |   |

B9. Now, I will ask you about your exercise habits before 19\_\_ (1 + REFERENCE YEAR).

Please tell me about exercise and sports you did at least 1 hour a week for at least 4 months a year. Think about exercise and sports you did as a child, teenager, and an adult.

**(SHOW CARD K)** This card gives some examples of strenuous activities, like swimming laps, aerobics, calisthenics, gymnastics, dance, ballet, running, jogging, cycling on hills, tennis, basketball, racquetball, or working on exercise equipment.

Examples of moderate activities are brisk walking, hiking, cycling on level streets, golf, volleyball, softball, or bowling.

Also think about other exercise and sports not shown on this card, but do not include PE or gym class.

Before 19\_\_ (1 + REFERENCE YEAR) did you participate in any exercise or sports at least 1 hour a week for at least 4 months out of the year?

|     |   |           |
|-----|---|-----------|
| YES | 1 |           |
| NO  | 2 | GO TO C1. |
| DK  | 9 | GO TO C1. |

**IF YES:** ASK a. AND RECORD TYPE OF ACTIVITY

ASK b. - f. FOR EACH ACTIVITY.

**ASK a. - f. FOR EACH EPISODE OF PHYSICAL ACTIVITY.**

|  | 1ST<br>ACTIVITY  | 2ND<br>ACTIVITY  | 3RD<br>ACTIVITY  |
|--|--|--|--|
| a. What (kind of exercise or sport / other kind of exercise or sport) did you do at least 1 hour a week for at least 4 months out of the year? | <div><div></div><div></div><div></div></div>   | <div><div></div><div></div><div></div></div>   | <div><div></div><div></div><div></div></div>   |
| b. How old were you when you started (ACTIVITY)?   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   |
| c. How old were you when you stopped (ACTIVITY)?   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   |
| d. For how many months each year did you (ACTIVITY)?   | <div><div></div><div></div></div><br>MONTHS PER YEAR   | <div><div></div><div></div></div><br>MONTHS PER YEAR   | <div><div></div><div></div></div><br>MONTHS PER YEAR   |
| e. On average, about how many hours a week did you (ACTIVITY)?   | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK |
| f. Did you do this activity mostly indoors, mostly outdoors, or both indoors and outdoors?   | MOSTLY INDOORS 1<br>MOSTLY OUTDOORS 2<br>BOTH 3<br>DK 9                                      | MOSTLY INDOORS 1<br>MOSTLY OUTDOORS 2<br>BOTH 3<br>DK 9                                      | MOSTLY INDOORS 1<br>MOSTLY OUTDOORS 2<br>BOTH 3<br>DK 9                                      |
| <b>PROBE: ARE THERE ANY OTHER ACTIVITIES YOU DID AT LEAST 1 HOUR A WEEK FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b>                             |  |  |  |

**ASK a. - f. FOR EACH EPISODE OF PHYSICAL ACTIVITY.**

|  | 4TH<br>ACTIVITY  | 5TH<br>ACTIVITY  | 6TH<br>ACTIVITY  |
|--|--|--|--|
| a. What other kind of exercise or sport did you do at least 1 hour a week for at least 4 months out of the year?   | <div><div></div><div></div><div></div></div>   | <div><div></div><div></div><div></div></div>   | <div><div></div><div></div><div></div></div>   |
| b. How old were you when you started (ACTIVITY)?   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   |
| c. How old were you when you stopped (ACTIVITY)?   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   |
| d. For how many months each year did you (ACTIVITY)?   | <div><div></div><div></div></div><br>MONTHS PER YEAR   | <div><div></div><div></div></div><br>MONTHS PER YEAR   | <div><div></div><div></div></div><br>MONTHS PER YEAR   |
| e. On average, about how many hours a week did you (ACTIVITY)?   | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK |
| f. Did you do this activity mostly indoors, mostly outdoors, or both indoors and outdoors?                         | MOSTLY<br>INDOORS 1<br>MOSTLY<br>OUTDOORS 2<br>BOTH 3<br>DK 9                                | MOSTLY<br>INDOORS 1<br>MOSTLY<br>OUTDOORS 2<br>BOTH 3<br>DK 9                                | MOSTLY<br>INDOORS 1<br>MOSTLY<br>OUTDOORS 2<br>BOTH 3<br>DK 9                                |
| <b>PROBE: ARE THERE ANY OTHER ACTIVITIES YOU DID AT LEAST 1 HOUR A WEEK FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b> |  |  |  |

**ASK a. - f. FOR EACH EPISODE OF PHYSICAL ACTIVITY.**

|   | 7TH<br>ACTIVITY  | 8TH<br>ACTIVITY  | 9TH<br>ACTIVITY  |
|---|--|--|--|
| a. In what other kind of exercise or sport did you do at least 1 hour a week for at least 4 months out of the year? | <div><div></div><div></div><div></div></div>   | <div><div></div><div></div><div></div></div>   | <div><div></div><div></div><div></div></div>   |
| b. How old were you when you started (ACTIVITY)?  | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   |
| c. How old were you when you stopped (ACTIVITY)?  | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   | <div><div></div><div></div></div><br>AGE   |
| d. For how many months each year did you (ACTIVITY)?  | <div><div></div><div></div></div><br>MONTHS PER YEAR   | <div><div></div><div></div></div><br>MONTHS PER YEAR   | <div><div></div><div></div></div><br>MONTHS PER YEAR   |
| e. On average, about how many hours a week did you (ACTIVITY)?  | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK | <div><div></div><div></div></div> <div><div></div><div></div></div><br>HOURS MIN<br>PER WEEK |
| f. Did you do this activity mostly indoors, mostly outdoors, or both indoors and outdoors?                          | MOSTLY INDOORS 1<br>MOSTLY OUTDOORS 2<br>BOTH 3<br>DK 9                                      | MOSTLY INDOORS 1<br>MOSTLY OUTDOORS 2<br>BOTH 3<br>DK 9                                      | MOSTLY INDOORS 1<br>MOSTLY OUTDOORS 2<br>BOTH 3<br>DK 9                                      |
| <b>PROBE: ARE THERE ANY OTHER ACTIVITIES YOU DID AT LEAST 1 HOUR A WEEK FOR AT LEAST 4 MONTHS OUT OF THE YEAR?</b>  |  |  |  |

CONTINUATION PAGE USED

YES  
NO

1  
2

NUMBER OF CONTINUATION PAGES USED



## SECTION C. SUN EXPOSURE

Now I have some questions about being outdoors.

|                                      |  |
|--------------------------------------|--|
| C1. Think about when you were (AGE). | On an average <u>day</u> in the summertime, about how many hours did you spend outdoors? (SHOW CARD L, READ CHOICES) |
| 10-15 years old                      | less than 1 hour a day 1<br>1-2 hours 2<br>3-4 hours 3<br>5-6 hours 4<br>7 or more hours 5<br>DK 9                   |
| 25-30 years old                      | less than 1 hour a day 1<br>1-2 hours 2<br>3-4 hours 3<br>5-6 hours 4<br>7 or more hours 5<br>DK 9                   |
| IF AGE 55 OR YOUNGER, GO TO C2.      |  |
| 50-55 years old                      | less than 1 hour a day 1<br>1-2 hours 2<br>3-4 hours 3<br>5-6 hours 4<br>7 or more hours 5<br>DK 9                   |

|   |     |   |
|---|-----|---|
| C2. In the past 3 months, did you spend <u>less</u> time outdoors than usual because of any medical treatment or illness? | YES | 1 |
|   | NO  | 2 |
|   | DK  | 9 |

C3. Before 19\_\_ (1 + REFERENCE YEAR), when you were outdoors during the day, did you avoid or protect yourself from the sun most of the time by:

|                                      |     |   |
|--------------------------------------|-----|---|
| staying in the shade                 | YES | 1 |
|                                      | NO  | 2 |
| wearing a big hat                    | YES | 1 |
|                                      | NO  | 2 |
| wearing long pants                   | YES | 1 |
|                                      | NO  | 2 |
| wearing long sleeves                 | YES | 1 |
|                                      | NO  | 2 |
| N/A: PARTICIPANT DID NOT GO OUTDOORS |     | 8 |

**IF NO TO ALL OF THE ABOVE: GO TO C7.**

**IF YES TO ANY OF THE ABOVE:**

C4. How old were you when you started protecting yourself from the sun by...?  
(REPEAT YES RESPONSES AT C3)

 

C5. Do you still protect yourself from the sun by...?  
(REPEAT YES RESPONSES AT C3)

YES 1 GO TO C7.  
NO 2

**IF NO:**

C6. How old were you when you stopped protecting yourself from the sun by...?  
(REPEAT YES RESPONSES AT C3)

- C7. Now I will ask you about sunscreen lotions that protect you from the sun. These lotions became available in the 1970s.

Before 19\_\_ (1 + REFERENCE YEAR), how often did you use sunscreen lotions to protect yourself from the sun? (SHOW CARD M, READ CHOICES)

- |                     |   |            |
|---------------------|---|------------|
| Never               | 1 | GO TO C10. |
| Sometimes           | 2 | GO TO C10. |
| About half the time | 3 | GO TO C10. |
| Most of the time    | 4 |            |
| Always              | 5 |            |
| DK                  | 9 | GO TO C10. |

**IF MOST OF THE TIME OR ALWAYS:**

- C8. How old were you when you started using sunscreen lotions?

|  |  |
|--|--|
|  |  |
|--|--|

- C9. For how many years did you use sunscreen lotions?

|  |  |
|--|--|
|  |  |
|--|--|

- C10. If you had to be in the hot sun for one hour, for the first time in the summer without protection, how would your skin react? Would you.... (SHOW CARD N, READ CHOICES)

- |   |   |
|---|---|
| Get a severe sunburn with blistering                | 1 |
| Get a moderate to severe sunburn without blistering | 2 |
| Get a mild sunburn                                  | 3 |
| Get no sunburn                                      | 4 |
| OTHER (SPECIFY)                                     |   |
| _____   | 8 |
| DK  | 9 |

C11. If you had to be in the sun for long periods of time without protection, how would your skin react? Would you.... (SHOW CARD O, READ CHOICES)

|                    |   |
|--------------------|---|
| Get a deep tan     | 1 |
| Get a moderate tan | 2 |
| Get a light tan    | 3 |
| Get no tan         | 4 |

|                          |   |
|--------------------------|---|
| OTHER (SPECIFY)<br>_____ | 8 |
|--------------------------|---|

|    |   |
|----|---|
| DK | 9 |
|----|---|

C12. What is your natural eye color? (SHOW CARD P, READ CHOICES)

|                |   |
|----------------|---|
| Blue           | 1 |
| Grey           | 2 |
| Green          | 3 |
| Hazel          | 4 |
| Brown or black | 5 |

|                          |   |
|--------------------------|---|
| OTHER (SPECIFY)<br>_____ | 8 |
|--------------------------|---|

|    |   |
|----|---|
| DK | 9 |
|----|---|

C13. When you were 20 years old, what was your natural hair color? (SHOW CARD Q, READ CHOICES)

|                      |   |
|----------------------|---|
| Blonde               | 1 |
| Red or auburn        | 2 |
| Light brown          | 3 |
| Medium or dark brown | 4 |
| Black                | 5 |

|                          |   |
|--------------------------|---|
| OTHER (SPECIFY)<br>_____ | 8 |
|--------------------------|---|

|    |   |
|----|---|
| DK | 9 |
|----|---|

## MEASUREMENT OF SKIN PIGMENTATION

Now I would like to take some measurements of your skin. I will use this instrument which will take a photograph of your skin to measure the skin pigmentation. Let me first set up the instrument, and then I will measure the skin on your upper right arm and on your forehead.

### SET UP AND CALIBRATE EQUIPMENT.

APPLY TOWELETTE AND LIGHTLY WIPE RIGHT INNER UPPER ARM (HALF WAY BETWEEN THE ELBOW AND SHOULDER) AND THE CENTRAL FOREHEAD (1 INCH ABOVE THE EYES).

MEASURE SKIN TWICE ON RIGHT INNER UPPER ARM (1/2 INCH APART).

MEASURE SKIN TWICE ON CENTRAL FOREHEAD (1/2 INCH APART).

ATTACH CHROMA METER PRINTOUT BELOW AND RECORD MEASUREMENTS.  
(DO NOT TAPE OVER MEASUREMENT NUMBERS)

|           | MEASUREMENT #1 |   |   | MEASUREMENT #2 |   |   |
|-----------|----------------|---|---|----------------|---|---|
|           | Y              | x | y | Y              | x | y |
| INNER ARM |                |   |   |                |   |   |
| FORE-HEAD |                |   |   |                |   |   |

ATTACH CHROMA METER PRINTOUT HERE

## SECTION D. DIET HISTORY

The next section of the interview concerns your diet. First, I will ask you how often you usually ate beans, vegetables, and fruits in 19\_\_ (REFERENCE YEAR). Please tell me the number of times a day, week, month, or year, whichever is easiest for you.

- D1. In 19\_\_ (REFERENCE YEAR), how often did you usually eat beans, such as pinto, garbanzo, kidney, refried beans or black-eyed peas? Please do not include green or string beans.

|                      |                      |                      |           |       |   |
|----------------------|----------------------|----------------------|-----------|-------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | times per | DAY   | 1 |
|                      |                      |                      |           | WEEK  | 2 |
|                      |                      |                      |           | MONTH | 3 |
|                      |                      |                      |           | YEAR  | 4 |
|                      |                      |                      |           | DK    | 9 |

- D2. How often did you usually eat vegetables? Please do not include salad or potatoes.

|                      |                      |                      |           |       |   |
|----------------------|----------------------|----------------------|-----------|-------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | times per | DAY   | 1 |
|                      |                      |                      |           | WEEK  | 2 |
|                      |                      |                      |           | MONTH | 3 |
|                      |                      |                      |           | YEAR  | 4 |
|                      |                      |                      |           | DK    | 9 |

- D3. How often did you usually eat any type of fruit, including canned, fresh, or frozen? Please do not include fruit juices.

|                      |                      |                      |           |       |   |
|----------------------|----------------------|----------------------|-----------|-------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | times per | DAY   | 1 |
|                      |                      |                      |           | WEEK  | 2 |
|                      |                      |                      |           | MONTH | 3 |
|                      |                      |                      |           | YEAR  | 4 |
|                      |                      |                      |           | DK    | 9 |

Now I have a list of specific foods. Please tell me how often you usually ate each one in 19\_\_ (REFERENCE YEAR). Again, please tell me the number of times a day, week, month, or year, whichever is easiest for you. Think about what you ate at home and in restaurants, include meals and snacks. Our list probably includes a number of foods you didn't eat. If you didn't eat a food, please tell me that.

For some of the foods, I will ask you how much you usually ate. To help you estimate how much you ate, we have different kinds of models. **SET UP MODELS.**

**SHOW MEAT MODELS.** For example, you can tell me you usually ate this amount of meat, or more, or less. **SHOW WOOD CUBES.** Think of these wood cubes as different size servings for foods such as stew and vegetables. You can show me which size serving you usually ate. Do you have any questions?

| FOOD ITEM   | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br><b>IF ONCE A WEEK OR MORE (OR IF<br/>SHADED):</b> How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|---|---|---|---|---|---|------|-------------|------|
|   |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|   | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |
| First I will ask you about MEATS AND MAIN DISHES you ate in 19__ (REFERENCE YEAR). Please include those you made at home, took out, and ate in restaurants. |   |   |   |   |   |      |             |      |
| hamburgers, cheeseburgers, or turkey burgers  |   |   |   |   | model   |      |             |      |
| burritos made with meat or chicken  |   |   |   |   | number  |      |             |      |
| tacos, tostados, enchiladas <i>or</i> empanadas made with meat or chicken   |   |   |   |   | number  |      |             |      |
| beef or pork in mixed dishes, such as stir-fry, fajitas, stew, or pot pie, <i>or albondigas</i>   |   |   |   |   | <b>READ:</b> Please include the beef or pork portion only.  |      |             |      |
|   |   |   |   |   | wood cubes  |      |             |      |
| beef or pork prepared <u>other</u> ways, such as steaks, roasts, ribs, barbeque, pork chops, or roast beef sandwiches                                       |   |   |   |   | <b>READ:</b> Please include the beef or pork portion only.  |      |             |      |
|   |   |   |   |   | model   |      |             |      |

| FOOD ITEM   | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br>IF ONCE A WEEK OR MORE (OR IF<br>SHADED): How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|---|---|---|---|---|---|------|-------------|------|
|   |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|   | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |
| ham hocks, salt pork, pigs feet,<br>pigs knuckles, including as<br>seasoning or combined with<br>other foods                          |   |   |   |   | <b>READ:</b> Please include the meat<br>portion only.   |      |             |      |
|   |   |   |   |   | wood<br>cubes   |      |             |      |
| fried chicken or chicken nuggets<br>(at home or in restaurants)   |   |   |   |   | pieces  |      |             |      |
| chicken or turkey in mixed<br>dishes, such as stir-fry, fajitas,<br>stew, gumbo, or pot pie, <i>mole</i><br>or <i>arroz con pollo</i> |   |   |   |   | <b>READ:</b> Please include the chicken or<br>turkey portion only.                                    |      |             |      |
|   |   |   |   |   | wood<br>cubes   |      |             |      |
| chicken or turkey prepared <u>other</u><br>ways, such as baked, grilled, or<br>roasted, or chicken or turkey<br>sandwiches            |   |   |   |   | <b>READ:</b> Please include the chicken or<br>turkey portion only.                                    |      |             |      |
|   |   |   |   |   | model   |      |             |      |
| liver or liverwurst   |   |   |   |   | model   |      |             |      |
| hot dogs  |   |   |   |   | number  |      |             |      |
| bologna, salami, ham, or other<br>lunch meats; do not include<br>roast beef, turkey or chicken  |   |   |   |   | slices  |      |             |      |
| bacon or sausage, or <i>chorizo</i>   |   |   |   |   | number  |      |             |      |
| Now I would like to ask you about several types of fish.  |   |   |   |   |   |      |             |      |
| tuna including fresh, canned,<br>tuna salad or tuna casserole   |   |   |   |   | wood<br>cubes   |      |             |      |
| white fish, such as flounder,<br>halibut, snapper, bass, cod or<br>sole, including fish sticks  |   |   |   |   | model   |      |             |      |
| dark fish, such as salmon,<br>mackerel, catfish, trout, herring<br>or sardines  |   |   |   |   | model   |      |             |      |
| pizza   |   |   |   |   | slices  |      |             |      |



| FOOD ITEM   | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br>IF ONCE A WEEK OR MORE (OR IF<br>SHADED): How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|---|---|---|---|---|---|------|-------------|------|
|   |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|   | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |
| spaghetti, lasagna, ravioli or<br>other pasta with tomato sauce   |   |   |   |   | wood<br>cubes   |      |             |      |
| noodles or pasta <u>without</u> tomato<br>sauce, such as Fettucine<br>Alfredo, cup-of-soup or pasta<br>salad  |   |   |   |   | wood<br>cubes   |      |             |      |
| mixed dishes made with cheese,<br>such as macaroni and cheese,<br>cheese enchiladas, or<br>quesadillas, <i>chilaquiles</i> , or<br><i>pupusas</i>                   |   |   |   |   | wood<br>cubes   |      |             |      |
| Now I will ask you about FRUITS you ate in 19__ (REFERENCE YEAR). Please include fresh, canned,<br>frozen, and from salad bars, and <i>fruit in aguas frescas</i> . |   |   |   |   |   |      |             |      |
| apples or applesauce  |   |   |   |   | number  |      |             |      |
| bananas or plantains  |   |   |   |   | number  |      |             |      |
| oranges, tangerines, or grapefruit  |   |   |   |   | number  |      |             |      |
| pears   |   |   |   |   | number  |      |             |      |
| prunes  |   |   |   |   | wood<br>cubes   |      |             |      |
| cantaloupe, including from salad<br>bars  |   |   |   |   | quarters  |      |             |      |
| peaches, apricots, or nectarines<br>(fresh, in season)  |   |   |   |   | number  |      |             |      |
| peaches, apricots, or nectarines<br>(canned, frozen, or dried)  |   |   |   |   | number  |      |             |      |
| watermelon (in season)  |   |   |   |   | wood<br>cubes   |      |             |      |
| strawberries or other berries (in<br>season)  |   |   |   |   | wood<br>cubes   |      |             |      |

| FOOD ITEM | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br><b>IF ONCE A WEEK OR MORE (OR IF<br/>SHADED):</b> How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|-----------|---|---|---|---|---|------|-------------|------|
|           |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|           | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |

Next I am going to ask you about VEGETABLES you ate in 19\_\_ (REFERENCE YEAR). Please include vegetables in mixed dishes.

First, I would like to ask you about several different types of beans and bean soups. **USE BEAN BOOK**

|   |  |  |  |  |                          |  |  |  |  |
|---|--|--|--|--|--------------------------|--|--|--|--|
| green beans, string beans, or green peas  |  |  |  |  | wood cubes               |  |  |  |  |
| canned chili <u>with</u> beans<br><i>American-style</i> or chili <u>with</u> beans in restaurants   |  |  |  |  | bowls                    |  |  |  |  |
| <i>frijoles de la olla</i>  |  |  |  |  | bowls                    |  |  |  |  |
| pinto beans or refried beans made from pinto beans, including in burritos or tostados   |  |  |  |  | <b>BEAN PORTION ONLY</b> |  |  |  |  |
|   |  |  |  |  | wood cubes               |  |  |  |  |
| garbanzo beans, chickpeas, or ceci beans  |  |  |  |  | wood cubes               |  |  |  |  |
| lentils, split peas or lentil soup or split peas soup   |  |  |  |  | bowls                    |  |  |  |  |
| other common types of beans, that is, kidney, lima, black, red, great northern, or small white beans, or black-eyed peas, pork'n beans, or baked beans<br><b>(SHOW ALL 4 PAGES)</b> |  |  |  |  | wood cubes               |  |  |  |  |
| other types of beans, including in soups; anasazi, broad, cannelli, chana dal, cowpeas, cranberry, fava, mung, navy, pink, pinto, soybeans, 16-bean soup <b>(SHOW LIST)</b>         |  |  |  |  | wood cubes               |  |  |  |  |

**IF OTHER BEANS WERE EATEN, ASK:**

D6. Of these other types of beans, which type did you eat most often? **(RECORD UP TO TWO)**

CODE:

CODE:

| FOOD ITEM   | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br>IF ONCE A WEEK OR MORE (OR IF<br>SHADED): How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|---|---|---|---|---|---|------|-------------|------|
|   |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|   | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |
| alfalfa sprouts including on sandwiches and in salads<br>(SHOW PHOTO IN BEAN BOOK)  |   |   |   |   | wood cubes  |      |             |      |
| regular bean sprouts<br>(SHOW PHOTO IN BEAN BOOK)   |   |   |   |   | wood cubes  |      |             |      |
| tofu  |   |   |   |   | wood cubes  |      |             |      |
| meat substitutes made from soy, including veggie burgers  |   |   |   |   | model   |      |             |      |
| soy sauce   |   |   |   |   | spoons  |      |             |      |
| miso soup   |   |   |   |   | bowls   |      |             |      |
| soups with tomatoes or carrots, such as tomato soup, minestrone or vegetable soup, <i>or caldo de pollo/res</i> ; do not include bean soups |   |   |   |   | bowls   |      |             |      |
| tomatoes, including fresh and stewed tomatoes, and salsa  |   |   |   |   | number  |      |             |      |
| ketchup or taco sauce   |   |   |   |   | spoons  |      |             |      |
| carrots, including in mixed vegetables, stew, or salads   |   |   |   |   | wood cubes  |      |             |      |
| corn, including on-the-cob, canned, or frozen   |   |   |   |   | wood cubes  |      |             |      |
| squash which is yellow inside, such as winter squash, acorn or butternut squash   |   |   |   |   | wood cubes  |      |             |      |
| squash which is white or pale green inside, such as summer squash or zucchini <i>or chayote</i>   |   |   |   |   | wood cubes  |      |             |      |
| green or red bell peppers, either raw or cooked, or chile rellenos  |   |   |   |   | number  |      |             |      |

| FOOD ITEM  | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br>IF ONCE A WEEK OR MORE (OR IF<br>SHADED): How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|--|---|---|---|---|---|------|-------------|------|
|  |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|  | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |
| other peppers, including chiles,<br>jalapeños and hot red peppers<br>(dried or fresh)  |   |   |   |   | spoons  |      |             |      |
| avocado or guacamole   |   |   |   |   | wood<br>cubes   |      |             |      |
| broccoli   |   |   |   |   | wood<br>cubes   |      |             |      |
| cauliflower or brussel sprouts   |   |   |   |   | wood<br>cubes   |      |             |      |
| beets or turnips   |   |   |   |   | wood<br>cubes   |      |             |      |
| cooked spinach, mustard greens,<br>turnip greens, collards, kale or<br>chard   |   |   |   |   | wood<br>cubes   |      |             |      |
| cole slaw or cabbage, <i>or curtido</i>  |   |   |   |   | wood<br>cubes   |      |             |      |
| onions   |   |   |   |   | spoons  |      |             |      |
| garlic, including fresh, baked,<br>garlic powder or garlic salt  |   |   |   |   | S,M,L   |      |             |      |
| lettuce  |   |   |   |   | bowls   |      |             |      |
| salad dressing or mayonnaise,<br>including on sandwiches   |   |   |   |   | spoons  |      |             |      |
| <b>IF SALAD DRESSING/MAYONNAISE WAS EATEN, ASK:</b><br>D7. How often did you eat low-fat or non-fat salad dressing or mayonnaise <b>(READ CHOICES)?</b><br><div style="text-align: right;">             never or rarely      1<br/>             sometimes          2<br/>             often or always      3<br/>             DK                      9           </div> |   |   |   |   |   |      |             |      |
| sweet potatoes, yams or<br>pumpkin   |   |   |   |   | wood<br>cubes   |      |             |      |
| fried potatoes, including french<br>fries and hash browns  |   |   |   |   | wood<br>cubes   |      |             |      |

| FOOD ITEM  | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br><b>IF ONCE A WEEK OR MORE (OR IF<br/>SHADED):</b> How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|--|---|---|---|---|---|------|-------------|------|
|  |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|  | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |
| potatoes prepared other ways,<br>such as baked, boiled, mashed<br>or potato salad                      |   |   |   |   | wood<br>cubes   |      |             |      |
| rice or mixed dishes made with<br>rice, such as fried rice,<br>jambalaya or Spanish or Mexican<br>rice |   |   |   |   | RICE PORTION ONLY   |      |             |      |
|  |   |   |   |   | wood<br>cubes   |      |             |      |
| Next I will ask you about different types of BREADS you ate in 19__ (REFERENCE YEAR).                  |   |   |   |   |   |      |             |      |
| whole grain bread, such as<br>whole wheat or rye, alone or as<br>sandwiches                            |   |   |   |   | slices  |      |             |      |
| white bread, including<br>sourdough, French or Italian<br>bread, alone or as sandwiches                |   |   |   |   | slices  |      |             |      |
| flour tortillas  |   |   |   |   | number  |      |             |      |
| corn tortillas, cornbread, corn<br>muffins or cornbread stuffing                                       |   |   |   |   | number  |      |             |      |
| bagels, English muffins or<br>hamburger or hot dog buns  |   |   |   |   | number  |      |             |      |
| biscuits or muffins  |   |   |   |   | number  |      |             |      |
| butter on bread, potatoes or<br>vegetables (not margarine)   |   |   |   |   | pats  |      |             |      |
| margarine  |   |   |   |   | spoons  |      |             |      |
| <b>IF MARGARINE WAS EATEN, ASK:</b>  |   |   |   |   | <b>(RECORD ONE OR TWO)</b>  |      |             |      |
| D8. What type of margarine did you usually eat?  |   |   |   |   | CODE: <input type="text"/> <input type="text"/> <input type="text"/>  |      |             |      |
|  |   |   |   |   | CODE: <input type="text"/> <input type="text"/> <input type="text"/>  |      |             |      |
| Next are CEREALS and some breakfast foods. Please continue to think about 19__ (REFERENCE YEAR).       |   |   |   |   |   |      |             |      |
| fiber or bran cereals like raisin<br>bran, granola, or shredded wheat                                  |   |   |   |   | bowls   |      |             |      |
| any other kind of cold cereals   |   |   |   |   | bowls   |      |             |      |

| FOOD ITEM   | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br>IF ONCE A WEEK OR MORE (OR IF<br>SHADED): How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|---|---|---|---|---|---|------|-------------|------|
|   |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|   | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |
| <b>IF COLD CEREAL WAS EATEN, ASK:</b><br>D9. What types of cold cereal did you eat most often? <div style="text-align: right;">             CODE: <input type="text"/><input type="text"/><input type="text"/><br/>             CODE: <input type="text"/><input type="text"/><input type="text"/><br/>             CODE: <input type="text"/><input type="text"/><input type="text"/> </div> |   |   |   |   |   |      |             |      |
| cooked cereals like oatmeal,<br>cream of wheat, or grits  |   |   |   |   | bowls   |      |             |      |
| <b>IF COLD OR HOT CEREAL WAS EATEN, ASK:</b><br>milk on (hot or cold) cereal<br><b>READ OPTIONS →</b>   | 2 always / often →<br>1 sometimes<br>0 never / rarely   |   |   |   | S,M,L   |      |             |      |
| pancakes, waffles, or french<br>toast, including frozen   |   |   |   |   | number  |      |             |      |
| Next we have SNACKS.  |   |   |   |   |   |      |             |      |
| snacks, like potato chips, corn<br>chips, popcorn, pork skins or<br>nuts  |   |   |   |   | wood<br>cubes   |      |             |      |
| peanut butter   |   |   |   |   | spoons  |      |             |      |
| Next are some SWEETS and desserts.  |   |   |   |   |   |      |             |      |
| doughnuts, churros or pastries,<br>or <i>pan dulce</i>  |   |   |   |   | number  |      |             |      |
| chocolate candy or candy bars   |   |   |   |   | S,M,L   |      |             |      |
| cake or cookies   |   |   |   |   | S,M,L   |      |             |      |
| Next we have a few DAIRY PRODUCTS.  |   |   |   |   |   |      |             |      |
| ice cream   |   |   |   |   | wood<br>cubes   |      |             |      |
| <b>IF ICE CREAM WAS EATEN, ASK:</b><br>D10. How often did you eat low-fat or non-fat ice cream (READ CHOICES)? <div style="text-align: right;">             never or rarely      1<br/>             sometimes            2<br/>             often or always      3<br/>             DK                      9           </div>  |   |   |   |   |   |      |             |      |

| FOOD ITEM   | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br><b>IF ONCE A WEEK OR MORE (OR IF<br/>SHADED):</b> How much did you<br>usually (eat/drink) [each time]? |      |             |      |                 |   |           |   |                 |   |    |   |
|---|---|---|---|---|---|------|-------------|------|-----------------|---|-----------|---|-----------------|---|----|---|
|   |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |                 |   |           |   |                 |   |    |   |
|   | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |                 |   |           |   |                 |   |    |   |
| yogurt or frozen yogurt   |   |   |   |   | wood<br>cubes   |      |             |      |                 |   |           |   |                 |   |    |   |
| <b>IF YOGURT OR FROZEN YOGURT WAS EATEN, ASK:</b><br>D11. How often did you eat low-fat or non-fat yogurt or frozen yogurt (READ CHOICES)? <table style="float: right; margin-top: -20px;"> <tr><td>never or rarely</td><td>1</td></tr> <tr><td>sometimes</td><td>2</td></tr> <tr><td>often or always</td><td>3</td></tr> <tr><td>DK</td><td>9</td></tr> </table> |   |   |   |   |   |      |             |      | never or rarely | 1 | sometimes | 2 | often or always | 3 | DK | 9 |
| never or rarely   | 1   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| sometimes   | 2   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| often or always   | 3   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| DK  | 9   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| eggs, including omelettes   |   |   |   |   | number  |      |             |      |                 |   |           |   |                 |   |    |   |
| cheese or cheese spreads  |   |   |   |   | slices  |      |             |      |                 |   |           |   |                 |   |    |   |
| sour cream <i>or crema</i> , including in<br>Mexican dishes, on baked<br>potatoes, and in dips  |   |   |   |   | spoons  |      |             |      |                 |   |           |   |                 |   |    |   |
| Now I have a list of BEVERAGES.   |   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| milk including chocolate milk <i>and<br/>licuados</i> (NOT ON CEREAL)   |   |   |   |   | glasses   |      |             |      |                 |   |           |   |                 |   |    |   |
| <b>IF MILK WAS DRUNK, ASK:</b><br>D12. How often did you drink low-fat or skim milk (READ CHOICES)? <table style="float: right; margin-top: -20px;"> <tr><td>never or rarely</td><td>1</td></tr> <tr><td>sometimes</td><td>2</td></tr> <tr><td>often or always</td><td>3</td></tr> <tr><td>DK</td><td>9</td></tr> </table>  |   |   |   |   |   |      |             |      | never or rarely | 1 | sometimes | 2 | often or always | 3 | DK | 9 |
| never or rarely   | 1   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| sometimes   | 2   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| often or always   | 3   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| DK  | 9   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| soy milk  |   |   |   |   | glasses   |      |             |      |                 |   |           |   |                 |   |    |   |
| instant breakfast drinks or diet<br>shakes, such as Carnation or<br>Slim Fast   |   |   |   |   | number  |      |             |      |                 |   |           |   |                 |   |    |   |
| coffee, hot or iced   |   |   |   |   | cups  |      |             |      |                 |   |           |   |                 |   |    |   |
| <b>IF COFFEE WAS DRUNK, ASK:</b><br>D13. Did you usually drink regular or decaffeinated coffee? <table style="float: right; margin-top: -20px;"> <tr><td>REGULAR</td><td>1</td></tr> <tr><td>DECAF</td><td>2</td></tr> <tr><td>BOTH EQUALLY</td><td>3</td></tr> <tr><td>DK</td><td>9</td></tr> </table>   |   |   |   |   |   |      |             |      | REGULAR         | 1 | DECAF     | 2 | BOTH EQUALLY    | 3 | DK | 9 |
| REGULAR   | 1   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| DECAF   | 2   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| BOTH EQUALLY  | 3   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| DK  | 9   |   |   |   |   |      |             |      |                 |   |           |   |                 |   |    |   |
| herbal tea, hot or iced   |   |   |   |   | cups  |      |             |      |                 |   |           |   |                 |   |    |   |
| regular tea, hot or iced  |   |   |   |   | cups  |      |             |      |                 |   |           |   |                 |   |    |   |

| FOOD ITEM   | D4.<br>How often did you usually<br>(eat/drink)<br>(FOOD/BEVERAGE) in<br>19__ (REFERENCE YEAR)? |   |   |   | D5.<br>IF ONCE A WEEK OR MORE (OR IF<br>SHADED): How much did you<br>usually (eat/drink) [each time]? |      |             |      |
|---|---|---|---|---|---|------|-------------|------|
|   |   |   |   |   | PORTION SIZE  |      | SUBSTITUTED |      |
|   | D   | W | M | Y | GUIDE   | SIZE | GUIDE       | SIZE |
| add sugar to foods such as<br>coffee, tea or cereal; do not<br>include sugar substitutes  |   |   |   |   | S,M,L   |      |             |      |
| orange juice or grapefruit juice  |   |   |   |   | glasses   |      |             |      |
| tomato juice or V8 juice  |   |   |   |   | glasses   |      |             |      |
| drinks with added vitamin C<br>such as Ocean Spray juice<br>cocktail, Kool-Aid, or Hi-C   |   |   |   |   | glasses   |      |             |      |
| coke or other soda or sweetened<br>bottled drinks, such as Snapple<br>fruit drinks; do not include diet<br>soda, diet drinks, or teas |   |   |   |   | glasses   |      |             |      |
| beer  |   |   |   |   | cans/<br>bottles  |      |             |      |
| wine, wine coolers or<br>champagne  |   |   |   |   | wine<br>glasses   |      |             |      |
| cocktails, mixed drinks or shots  |   |   |   |   | drinks/<br>shots  |      |             |      |



D14. In 19\_\_ (REFERENCE YEAR), what kind of fat or oil did you use most often for cooking, frying, or to season your food? (SHOW CARD R, READ CHOICES)  
(RECORD UP TO TWO)

|                               |    |
|-------------------------------|----|
| margarine                     | 1  |
| low-fat margarine             | 2  |
| butter                        | 3  |
| olive or canola oil           | 4  |
| corn, vegetable, or other oil | 5  |
| Pam or other spray            | 6  |
| Crisco shortening             | 7  |
| lard, fatback, or bacon fat   | 8  |
| DOESN'T USE ADDED FAT/OIL     | 9  |
| OTHER (SPECIFY)               |    |
| _____                         | 88 |
| DK                            | 99 |

That completes all of the diet questions for which we will be using the models. I only have a few more questions about diet.

We've just been talking about what you ate in 19\_\_ (REFERENCE YEAR). Now think back 10 years to 19\_\_ (REFERENCE YEAR - 10). I would like to know how your diet was different back then.

| FOOD  | D15. Did you eat more, less, or the same amount of (FOOD) in 19__ (REFERENCE YEAR - 10) as you did in 19__ (REFERENCE YEAR)? I.E., CONSUMPTION 10 YEARS AGO WAS ... |
|---|---|
| fruit   | 1 MORE<br>2 LESS<br>3 SAME<br>8 DIDN'T EAT<br>9 DK  |
| beans<br><br>(I.E., PINTO, GARBANZO, KIDNEY, REFRIED BEANS, AND BLACK-EYED PEAS; NOT GREEN OR STRING BEANS) | 1 MORE<br>2 LESS<br>3 SAME<br>8 DIDN'T EAT<br>9 DK  |
| vegetables  | 1 MORE<br>2 LESS<br>3 SAME<br>8 DIDN'T EAT<br>9 DK  |
| whole grain breads  | 1 MORE<br>2 LESS<br>3 SAME<br>8 DIDN'T EAT<br>9 DK  |
| fiber or bran cereals<br><br>(I.E., RAISIN BRAN, GRANOLA, OR SHREDDED WHEAT)                                | 1 MORE<br>2 LESS<br>3 SAME<br>8 DIDN'T EAT<br>9 DK  |
| beef or pork  | 1 MORE<br>2 LESS<br>3 SAME<br>8 DIDN'T EAT<br>9 DK  |
| chicken   | 1 MORE<br>2 LESS<br>3 SAME<br>8 DIDN'T EAT<br>9 DK  |

For several types of foods I would like to know how your diet has changed over your lifetime. I will ask you about milk, eggs and fish.

| D16. When you were between (AGE AND AGE), how often did you usually drink milk?<br>(SHOW CARD S) |                       |   | D20. How about eggs? | D21. How about fish? |
|--|-----------------------|---|----------------------|----------------------|
| ASK ABOUT EACH FOOD ITEM FOR A GIVEN AGE BEFORE MOVING ON TO THE NEXT AGE.                       |                       |   |                      |                      |
| AGE 10-15  | every day             | 1 | 1                    | 1                    |
|  | several times a week  | 2 | 2                    | 2                    |
|  | once a week           | 3 | 3                    | 3                    |
|  | several times a month | 4 | 4                    | 4                    |
|  | once a month or less  | 5 | 5                    | 5                    |
|  | never or rarely       | 6 | 6                    | 6                    |
|  | DK                    | 9 | 9                    | 9                    |
| AGE 25-30  | every day             | 1 | 1                    | 1                    |
|  | several times a week  | 2 | 2                    | 2                    |
|  | once a week           | 3 | 3                    | 3                    |
|  | several times a month | 4 | 4                    | 4                    |
|  | once a month or less  | 5 | 5                    | 5                    |
|  | never or rarely       | 6 | 6                    | 6                    |
|  | DK                    | 9 | 9                    | 9                    |
| IF AGE 55 OR YOUNGER, GO TO E1.  |                       |   |                      |                      |
| AGE 50-55  | every day             | 1 | 1                    | 1                    |
|  | several times a week  | 2 | 2                    | 2                    |
|  | once a week           | 3 | 3                    | 3                    |
|  | several times a month | 4 | 4                    | 4                    |
|  | once a month or less  | 5 | 5                    | 5                    |
|  | never or rarely       | 6 | 6                    | 6                    |
|  | DK                    | 9 | 9                    | 9                    |

## SECTION E. VITAMINS

Now I would like to ask you about vitamins.

- E1. Before 19\_\_ (1 + REFERENCE YEAR), did you ever take any of the following at least once a week for six months or longer: vitamins, minerals, garlic pills, or fiber supplements?

YES 1  
NO 2 GO TO E25.  
DK 9 GO TO E25.

**IF YES:**

|  |   |
|--|---|
| First, I will ask you about multiple vitamin pills.  | YES 1<br>NO 2 GO TO E7.<br>DK 9 GO TO E7.   |
| E2. Have you <u>ever</u> taken multiple vitamins, such as <b>One-a-day, Centrum, or Theragram</b> at least once a week for six months or longer? |   |
| E3. How old were you when you first took multiple vitamins?  | <input type="text"/> <input type="text"/> AGE   |
| E4. For how many years in total did you take multiple vitamins?  | <input type="text"/> <input type="text"/> <input type="text"/> YEARS  |
| E5. Did you take multiple vitamins, such as One-a-day, Centrum, or Theragram, for at least six months in 19__ (REFERENCE YEAR)?                  | YES 1<br>NO 2 GO TO E7.<br>DK 9 GO TO E7.   |
| E6. In 19__ (REFERENCE YEAR), how many pills did you usually take each week?   | <input type="text"/> <input type="text"/> <input type="text"/> PILLS PER<br><br>DAY 1<br>WEEK 2<br>MONTH 3<br>YEAR 4<br>DK 9<br>MAX=1/DAY |

|  |  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
|--|--|--|-----------|-----|-------------|------|-------------|-------|---|------|---|----|---|-----------|--|
| <p>E7. Did you take <b>an antioxidant formula multiple vitamin</b> for at least six months in 19__ (REFERENCE YEAR)?</p> <p>(A SINGLE PILL THAT CONTAINS LARGE AMOUNTS OF BETA-CAROTENE, AND VITAMINS C AND E)</p> | <table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 GO TO E9.</td> </tr> <tr> <td>DK</td> <td>9 GO TO E9.</td> </tr> </table>  | YES  | 1         | NO  | 2 GO TO E9. | DK   | 9 GO TO E9. |       |   |      |   |    |   |           |  |
| YES  | 1  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| NO   | 2 GO TO E9.  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| DK   | 9 GO TO E9.  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| <p>E8. How many pills did you usually take each week?</p>  | <table> <tr> <td><input type="text"/><input type="text"/><input type="text"/></td> <td>PILLS PER</td> </tr> <tr> <td>DAY</td> <td>1</td> </tr> <tr> <td>WEEK</td> <td>2</td> </tr> <tr> <td>MONTH</td> <td>3</td> </tr> <tr> <td>YEAR</td> <td>4</td> </tr> <tr> <td>DK</td> <td>9</td> </tr> <tr> <td colspan="2">MAX=1/DAY</td> </tr> </table> | <input type="text"/> <input type="text"/> <input type="text"/> | PILLS PER | DAY | 1           | WEEK | 2           | MONTH | 3 | YEAR | 4 | DK | 9 | MAX=1/DAY |  |
| <input type="text"/> <input type="text"/> <input type="text"/>   | PILLS PER  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| DAY  | 1  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| WEEK   | 2  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| MONTH  | 3  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| YEAR   | 4  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| DK   | 9  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |
| MAX=1/DAY  |  |  |           |     |             |      |             |       |   |      |   |    |   |           |  |

|  |  |   |           |     |              |      |              |       |   |      |   |    |   |
|--|--|---|-----------|-----|--------------|------|--------------|-------|---|------|---|----|---|
| <p>Next I would like to know about single vitamin supplements.</p> <p>E9. Have you <u>ever</u> taken <b>Vitamin C</b> at least once a week for six months or longer?</p> | <table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 GO TO E15.</td> </tr> <tr> <td>DK</td> <td>9 GO TO E15.</td> </tr> </table>  | YES   | 1         | NO  | 2 GO TO E15. | DK   | 9 GO TO E15. |       |   |      |   |    |   |
| YES  | 1  |   |           |     |              |      |              |       |   |      |   |    |   |
| NO   | 2 GO TO E15.   |   |           |     |              |      |              |       |   |      |   |    |   |
| DK   | 9 GO TO E15.   |   |           |     |              |      |              |       |   |      |   |    |   |
| <p>E10. How old were you when you first took Vitamin C regularly?</p>  | <table> <tr> <td><input type="text"/><input type="text"/></td> <td>AGE</td> </tr> </table>   | <input type="text"/> <input type="text"/>   | AGE       |     |              |      |              |       |   |      |   |    |   |
| <input type="text"/> <input type="text"/>  | AGE  |   |           |     |              |      |              |       |   |      |   |    |   |
| <p>E11. For how many years in total did you take Vitamin C?</p>  | <table> <tr> <td><input type="text"/><input type="text"/><input type="text"/></td> <td>YEARS</td> </tr> </table>   | <input type="text"/> <input type="text"/> <input type="text"/>                      | YEARS     |     |              |      |              |       |   |      |   |    |   |
| <input type="text"/> <input type="text"/> <input type="text"/>   | YEARS  |   |           |     |              |      |              |       |   |      |   |    |   |
| <p>E12. Did you take Vitamin C for at least six months in 19__ (REFERENCE YEAR)?</p>   | <table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 GO TO E15.</td> </tr> <tr> <td>DK</td> <td>9 GO TO E15.</td> </tr> </table>  | YES   | 1         | NO  | 2 GO TO E15. | DK   | 9 GO TO E15. |       |   |      |   |    |   |
| YES  | 1  |   |           |     |              |      |              |       |   |      |   |    |   |
| NO   | 2 GO TO E15.   |   |           |     |              |      |              |       |   |      |   |    |   |
| DK   | 9 GO TO E15.   |   |           |     |              |      |              |       |   |      |   |    |   |
| <p>E13. In 19__ (REFERENCE YEAR), how many pills did you usually take each week?</p>   | <table> <tr> <td><input type="text"/><input type="text"/><input type="text"/></td> <td>PILLS PER</td> </tr> <tr> <td>DAY</td> <td>1</td> </tr> <tr> <td>WEEK</td> <td>2</td> </tr> <tr> <td>MONTH</td> <td>3</td> </tr> <tr> <td>YEAR</td> <td>4</td> </tr> <tr> <td>DK</td> <td>9</td> </tr> </table> | <input type="text"/> <input type="text"/> <input type="text"/>                      | PILLS PER | DAY | 1            | WEEK | 2            | MONTH | 3 | YEAR | 4 | DK | 9 |
| <input type="text"/> <input type="text"/> <input type="text"/>   | PILLS PER  |   |           |     |              |      |              |       |   |      |   |    |   |
| DAY  | 1  |   |           |     |              |      |              |       |   |      |   |    |   |
| WEEK   | 2  |   |           |     |              |      |              |       |   |      |   |    |   |
| MONTH  | 3  |   |           |     |              |      |              |       |   |      |   |    |   |
| YEAR   | 4  |   |           |     |              |      |              |       |   |      |   |    |   |
| DK   | 9  |   |           |     |              |      |              |       |   |      |   |    |   |
| <p>E14. In 19__ (REFERENCE YEAR), how many milligrams of Vitamin C were in each pill?</p>  | <table> <tr> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td>mgs</td> </tr> </table>   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | mgs       |     |              |      |              |       |   |      |   |    |   |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | mgs  |   |           |     |              |      |              |       |   |      |   |    |   |

|  |   |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
|--|---|----------------------|----------------------|----------------------|--------------|------|--------------|----|---|------|--|--|---|-------|--|--|---|------|--|--|---|----|--|--|---|------------------|--|--|--|
| <p>E15. Did you take <b>Vitamin A or beta-carotene</b> for at least six months in 19__ (REFERENCE YEAR)?</p> | <table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 GO TO E18.</td> </tr> <tr> <td>DK</td> <td>9 GO TO E18.</td> </tr> </table>   | YES                  | 1                    | NO                   | 2 GO TO E18. | DK   | 9 GO TO E18. |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| YES  | 1   |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| NO   | 2 GO TO E18.  |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| DK   | 9 GO TO E18.  |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| <p>E16. In 19__ (REFERENCE YEAR), how many pills did you usually take each week?</p>                         | <table> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PILLS PER</td> </tr> <tr> <td>DAY</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>WEEK</td> <td></td> <td></td> <td>2</td> </tr> <tr> <td>MONTH</td> <td></td> <td></td> <td>3</td> </tr> <tr> <td>YEAR</td> <td></td> <td></td> <td>4</td> </tr> <tr> <td>DK</td> <td></td> <td></td> <td>9</td> </tr> <tr> <td colspan="4"><b>MAX=1/DAY</b></td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | PILLS PER    | DAY  |              |    | 1 | WEEK |  |  | 2 | MONTH |  |  | 3 | YEAR |  |  | 4 | DK |  |  | 9 | <b>MAX=1/DAY</b> |  |  |  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | PILLS PER            |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| DAY  |   |                      | 1                    |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| WEEK   |   |                      | 2                    |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| MONTH  |   |                      | 3                    |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| YEAR   |   |                      | 4                    |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| DK   |   |                      | 9                    |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| <b>MAX=1/DAY</b>   |   |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| <p>E17. Did the pills contain beta-carotene only, retinol only, or both?</p>                                 | <table> <tr> <td>BETA-CAROTENE ONLY</td> <td>1</td> </tr> <tr> <td>RETINOL ONLY</td> <td>2</td> </tr> <tr> <td>BOTH</td> <td>3</td> </tr> <tr> <td>DK</td> <td>9</td> </tr> </table>  | BETA-CAROTENE ONLY   | 1                    | RETINOL ONLY         | 2            | BOTH | 3            | DK | 9 |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| BETA-CAROTENE ONLY   | 1   |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| RETINOL ONLY   | 2   |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| BOTH   | 3   |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |
| DK   | 9   |                      |                      |                      |              |      |              |    |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |                  |  |  |  |

|   |  |                      |                      |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
|---|--|----------------------|----------------------|----------------------|----------------------|-----|--------------|--|---|------|--|--|---|-------|--|--|---|------|--|--|---|----|--|--|---|
| <p>E18. Did you take <b>Vitamin E</b> for at least six months in 19__ (REFERENCE YEAR)?</p> | <table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 GO TO E21.</td> </tr> <tr> <td>DK</td> <td>9 GO TO E21.</td> </tr> </table>  | YES                  | 1                    | NO                   | 2 GO TO E21.         | DK  | 9 GO TO E21. |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| YES   | 1  |                      |                      |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| NO  | 2 GO TO E21.   |                      |                      |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DK  | 9 GO TO E21.   |                      |                      |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| <p>E19. In 19__ (REFERENCE YEAR), how many pills did you usually take each week?</p>        | <table> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PILLS PER</td> </tr> <tr> <td>DAY</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>WEEK</td> <td></td> <td></td> <td>2</td> </tr> <tr> <td>MONTH</td> <td></td> <td></td> <td>3</td> </tr> <tr> <td>YEAR</td> <td></td> <td></td> <td>4</td> </tr> <tr> <td>DK</td> <td></td> <td></td> <td>9</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | PILLS PER            | DAY |              |  | 1 | WEEK |  |  | 2 | MONTH |  |  | 3 | YEAR |  |  | 4 | DK |  |  | 9 |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/> | PILLS PER            |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DAY   |  |                      | 1                    |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| WEEK  |  |                      | 2                    |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| MONTH   |  |                      | 3                    |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| YEAR  |  |                      | 4                    |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DK  |  |                      | 9                    |                      |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| <p>E20. How many IUs or international units of Vitamin E were in each pill?</p>             | <table> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>IUs</td> </tr> </table>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | IUs |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/> | <input type="text"/> | IUs                  |                      |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |

|  |  |                      |                      |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
|--|--|----------------------|----------------------|----------------------|--------------|-----|--------------|--|---|------|--|--|---|-------|--|--|---|------|--|--|---|----|--|--|---|
| <p>E21. Did you take <b>Garlic Pills</b> for at least six months in 19__ (REFERENCE YEAR)?</p> | <table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 GO TO E23.</td> </tr> <tr> <td>DK</td> <td>9 GO TO E23.</td> </tr> </table>  | YES                  | 1                    | NO                   | 2 GO TO E23. | DK  | 9 GO TO E23. |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| YES  | 1  |                      |                      |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| NO   | 2 GO TO E23.   |                      |                      |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DK   | 9 GO TO E23.   |                      |                      |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| <p>E22. In 19__ (REFERENCE YEAR), how many pills did you usually take each week?</p>           | <table> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PILLS PER</td> </tr> <tr> <td colspan="3">DAY</td> <td>1</td> </tr> <tr> <td colspan="3">WEEK</td> <td>2</td> </tr> <tr> <td colspan="3">MONTH</td> <td>3</td> </tr> <tr> <td colspan="3">YEAR</td> <td>4</td> </tr> <tr> <td colspan="3">DK</td> <td>9</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | PILLS PER    | DAY |              |  | 1 | WEEK |  |  | 2 | MONTH |  |  | 3 | YEAR |  |  | 4 | DK |  |  | 9 |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/> | PILLS PER            |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DAY  |  |                      | 1                    |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| WEEK   |  |                      | 2                    |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| MONTH  |  |                      | 3                    |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| YEAR   |  |                      | 4                    |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DK   |  |                      | 9                    |                      |              |     |              |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |

|   |   |                      |                      |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
|---|---|----------------------|----------------------|----------------------|--------------|----|--------------|--|--|----------------------|----------------------|----------------------|-----------|-----|--|--|--|-----|--|--|---|------|--|--|---|-------|--|--|---|------|--|--|---|----|--|--|---|
| <p>E23. Did you take <b>fiber supplements</b> for at least six months in 19__ (REFERENCE YEAR)?</p> | <table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 GO TO E25.</td> </tr> <tr> <td>DK</td> <td>9 GO TO E25.</td> </tr> </table>   | YES                  | 1                    | NO                   | 2 GO TO E25. | DK | 9 GO TO E25. |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| YES   | 1   |                      |                      |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| NO  | 2 GO TO E25.  |                      |                      |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DK  | 9 GO TO E25.  |                      |                      |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| <p>E24. In 19__ (REFERENCE YEAR), how many pills or teaspoons did you usually take each week?</p>   | <table> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PILLS</td> </tr> <tr> <td colspan="4">OR</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>TEASPOONS</td> </tr> <tr> <td colspan="3">PER</td> <td></td> </tr> <tr> <td colspan="3">DAY</td> <td>1</td> </tr> <tr> <td colspan="3">WEEK</td> <td>2</td> </tr> <tr> <td colspan="3">MONTH</td> <td>3</td> </tr> <tr> <td colspan="3">YEAR</td> <td>4</td> </tr> <tr> <td colspan="3">DK</td> <td>9</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | PILLS        | OR |              |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | TEASPOONS | PER |  |  |  | DAY |  |  | 1 | WEEK |  |  | 2 | MONTH |  |  | 3 | YEAR |  |  | 4 | DK |  |  | 9 |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> | PILLS                |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| OR  |   |                      |                      |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> | TEASPOONS            |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| PER   |   |                      |                      |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DAY   |   |                      | 1                    |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| WEEK  |   |                      | 2                    |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| MONTH   |   |                      | 3                    |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| YEAR  |   |                      | 4                    |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |
| DK  |   |                      | 9                    |                      |              |    |              |  |  |                      |                      |                      |           |     |  |  |  |     |  |  |   |      |  |  |   |       |  |  |   |      |  |  |   |    |  |  |   |

E25. Did you ever take cod liver oil before age 20?

YES  
NO  
DK

1  
2 GO TO SECTION F  
9 GO TO SECTION F

**IF YES:**

E26. How often did you take cod liver oil? (READ CHOICES)

Once a week or more often  
1-3 times a month  
Less than once a month

1  
2  
3

OTHER (SPECIFY) \_\_\_\_\_  
DK

8  
9

E27. For how many months or years in total did you  
take cod liver oil before age 20?

|  |  |
|--|--|
|  |  |
|--|--|

MONTHS 1  
YEARS 2  
DK 9



## SECTION F. ANTHROPOMETRY

As we talked about earlier, as part of this study we would like to take measurements of your height, weight, waist, and hips, and I would like to do that at this time. I will take each measurement three times.

**IF PARTICIPANT REFUSES ANY OR ALL MEASUREMENTS, INDICATE WHICH ONES WERE REFUSED (CIRCLE ALL THAT APPLY):**

|                     |   |
|---------------------|---|
| HEIGHT              | 1 |
| WEIGHT              | 2 |
| WAIST CIRCUMFERENCE | 3 |
| HIP CIRCUMFERENCE   | 4 |

**IF PARTICIPANT IS BED RIDDEN, WHEELCHAIR BOUND, OR UNSTABLE ON HER FEET, OR > 300 LBS ASK AND RECORD HER CURRENT HEIGHT AND WEIGHT IN THE MARGIN.**

**SET-UP EQUIPMENT AND TAKE MEASUREMENTS. RECORD BELOW.**

|                     | MEASUREMENT 1   | MEASUREMENT 2   | MEASUREMENT 3   |
|---------------------|---|---|---|
| HEIGHT              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS |
| WEIGHT              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KGS | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KGS |   |
| WAIST CIRCUMFERENCE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS |
| HIP CIRCUMFERENCE   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CMS |

**QUESTIONS TO BE ANSWERED BY THE INTERVIEWER:**

WAS THE PARTICIPANT'S POSTURE STOOPED?

|               |   |
|---------------|---|
| YES, A LOT    | 1 |
| YES, SOME     | 2 |
| YES, A LITTLE | 3 |
| NO            | 4 |

DID THE PARTICIPANT REMOVE HER SHOES WHEN MEASURING HEIGHT?

|     |   |
|-----|---|
| YES | 1 |
| NO  | 2 |
| N/A | 8 |

DID THE PARTICIPANT REMOVE HER SHOES WHEN MEASURING WEIGHT?

|     |   |
|-----|---|
| YES | 1 |
| NO  | 2 |
| N/A | 8 |

DESCRIPTION OF PARTICIPANT'S CLOTHING (CIRCLE ALL THAT APPLY):

|                             |   |
|-----------------------------|---|
| T-SHIRT                     | 1 |
| LIGHTWEIGHT SHIRT OR BLOUSE | 2 |
| HEAVY SHIRT OR BLOUSE       | 3 |
| SWEATER OR SWEATSHIRT       | 4 |

|                   |   |
|-------------------|---|
| LIGHTWEIGHT DRESS | 5 |
| HEAVY DRESS       | 6 |

|                            |    |
|----------------------------|----|
| LIGHTWEIGHT PANTS OR SKIRT | 7  |
| HEAVY PANTS OR SKIRT       |    |
| OR SWEATPANTS              | 8  |
| JEANS OR DENIM SKIRT       | 9  |
| OTHER (SPECIFY) _____      | 10 |

---

N/A: ALL MEASUREMENTS REFUSED 88

WAS THE WAIST MEASUREMENT TAKEN OVER CLOTHING?

|     |   |
|-----|---|
| YES | 1 |
| NO  | 2 |
| N/A | 8 |

HOW WELL COULD YOU IDENTIFY THE PROPER PLACE TO TAKE THE WAIST MEASUREMENT?

|                 |   |
|-----------------|---|
| VERY WELL       | 1 |
| ADEQUATELY      | 2 |
| NOT WELL AT ALL | 3 |
| N/A             | 8 |

HOW WELL COULD YOU IDENTIFY THE PROPER PLACE TO TAKE THE HIP MEASUREMENT?

|                 |   |
|-----------------|---|
| VERY WELL       | 1 |
| ADEQUATELY      | 2 |
| NOT WELL AT ALL | 3 |
| N/A             | 8 |

The next set of questions are about your weight and body shape at different times in your life. When answering these questions, please don't include any times when you were pregnant.

|   |                                    |   |   |
|---|------------------------------------|---|---|
| F1. Which of these pictures best represents your body shape when you were (about (AGE) / between (AGE AND AGE)) (SHOW CARD T) |                                    | F2. About how much did you usually weigh when you were between (AGE) and (AGE)?                             | F3. How tall were you at that time?   |
| AGE 12  | <input type="checkbox"/> PICTURE # | <b>X</b>  | <b>X</b>  |
| AGE 25-30   | <input type="checkbox"/> PICTURE # | <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> POUNDS 1<br/>KGS 2 </div> | <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> FEET INCHES </div> <div>OR</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> CENTIMETERS </div> |
| IF AGE 55 OR YOUNGER GO TO F4.  |                                    |   |   |
| AGE 50-55   | <input type="checkbox"/> PICTURE # | <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> POUNDS 1<br/>KGS 2 </div> | <b>X</b>  |

F4. Which of these pictures best represents your body shape in 19\_\_ (REFERENCE YEAR)? (SHOW CARD T)

☐ PICTURE #

F5. How much did you weigh in 19\_\_ (REFERENCE YEAR)?

POUNDS 1  
KGS 2

- F6. Between the ages of 25 and (**CURRENT AGE -2**), what is the most you have ever weighed? Please don't include any times when you were pregnant.

|        |  |   |
|--------|--|---|
|        |  |   |
| POUNDS |  | 1 |
| KGS    |  | 2 |

- F7. How old were you when you first weighed (**POUNDS/KGS**)?

|     |  |
|-----|--|
|     |  |
| AGE |  |

- F8. Between the ages of 25 and (**CURRENT AGE -2**), what is the least you have ever weighed? Please don't include any times when you were ill.

|        |  |   |
|--------|--|---|
|        |  |   |
| POUNDS |  | 1 |
| KGS    |  | 2 |

- F9. How old were you when you last weighed (**POUNDS/KGS**)?

|     |  |
|-----|--|
|     |  |
| AGE |  |

- F10. Not counting times when you were pregnant, when you gain weight, where on your body do you usually gain it first or gain it the easiest? (**CIRCLE ALL THAT APPLY**)

- |                               |   |
|-------------------------------|---|
| ON THE ARMS                   | 1 |
| AROUND THE CHEST OR SHOULDERS | 2 |
| AROUND THE WAIST OR STOMACH   | 3 |
| AROUND THE HIPS OR BUTTOCKS   | 4 |
| ON THE THIGHS                 | 5 |
| EQUALLY ALL OVER              | 6 |

OTHER (SPECIFY) \_\_\_\_\_

|  |  |
|--|--|
|  |  |
|--|--|

- |                       |   |
|-----------------------|---|
| HAVEN'T GAINED WEIGHT | 8 |
| DK                    | 9 |

## SECTION G. RESIDENTIAL HISTORY

Now I'd like to ask you about all the places in which you have lived since you were born. I am interested in the cities or towns where you have lived, not the exact address.

| G1. Where did you live first /<br>Where did you live next? |      |       |                      |                      | G2. In what<br>year or at<br>what age did<br>you move to<br>(CITY)? | G3. (Was/is)<br>(CITY) a<br>city,<br>suburb,<br>town, or<br>rural area? |
|--|------|-------|----------------------|----------------------|---|---|
|  | CITY | STATE | COUNTRY              | CODE<br>LATITUDE     | YEAR  | 1 CITY<br>2 SUBURB<br>3 TOWN<br>4 RURAL<br>AREA                         |
| 1  |      |       | <input type="text"/> | <input type="text"/> | <b>X</b>  | 1 2 3 4   |
| 2  |      |       | <input type="text"/> | <input type="text"/> | 19 <input type="text"/><br>AGE <input type="text"/>                 | 1 2 3 4   |
| 3  |      |       | <input type="text"/> | <input type="text"/> | 19 <input type="text"/><br>AGE <input type="text"/>                 | 1 2 3 4   |
| 4  |      |       | <input type="text"/> | <input type="text"/> | 19 <input type="text"/><br>AGE <input type="text"/>                 | 1 2 3 4   |
| 5  |      |       | <input type="text"/> | <input type="text"/> | 19 <input type="text"/><br>AGE <input type="text"/>                 | 1 2 3 4   |
| 6  |      |       | <input type="text"/> | <input type="text"/> | 19 <input type="text"/><br>AGE <input type="text"/>                 | 1 2 3 4   |
| 7  |      |       | <input type="text"/> | <input type="text"/> | 19 <input type="text"/><br>AGE <input type="text"/>                 | 1 2 3 4   |

| G1. Where did you live next? |      |       |  |   | G2. In what year or at what age did you move to (CITY)?                                       | G3. (Was/is) (CITY) a city, suburb, town, or rural area? |
|------------------------------|------|-------|--|---|---|--|
|                              | CITY | STATE | COUNTRY  | CODE<br>LATITUDE                          | YEAR  | 1 CITY<br>2 SUBURB<br>3 TOWN<br>4 RURAL<br>AREA          |
| 8                            |      |       | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/> | 1 2 3 4  |
| 9                            |      |       | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/> | 1 2 3 4  |
| 10                           |      |       | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/> | 1 2 3 4  |
| 11                           |      |       | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/> | 1 2 3 4  |
| 12                           |      |       | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/> | 1 2 3 4  |
| 13                           |      |       | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/> | 1 2 3 4  |
| 14                           |      |       | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/> | 1 2 3 4  |

CONTINUATION PAGE USED:

YES  
NO

1  
2

NUMBER OF CONTINUATION PAGES USED

## SECTION H. OCCUPATIONAL HISTORY

H1. Now I would like to ask about your paid work .

Have you ever had a paid job for 1 year or longer ?

YES  
NO

1

2 GO TO SECTION J

Please tell me about all the jobs you have held or the types of work you have done for one year or longer. Think about paid full-time or part-time work and when you were self-employed. Also tell me when you were a full-time homemaker.

**ASK QUESTIONS a. - f. FOR EACH JOB HELD OR TYPE OF WORK DONE.**

|   | 1ST JOB  | 2ND JOB  |
|---|--|--|
| a. What was the job title or the type of work you did (first / next) for 1 year or longer?<br><br><b>(PROBE FOR TYPE OF BUSINESS OR INDUSTRY)</b> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
| <b>IF <u>FULL-TIME</u> HOMEMAKER: ASK b. AND c. ONLY</b>  |  |  |
| b. In what year or at what age did you start working as a (JOB TITLE)?  | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/>  | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/>  |
| c. In what year or at what age did you stop working as a (JOB TITLE)?   | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/>  | 19 <input type="text"/> <input type="text"/><br>AGE <input type="text"/> <input type="text"/>  |
| d. On average, how many hours <u>a week</u> did you usually work in this job?   | <input type="text"/> <input type="text"/><br>HOURS PER WEEK  | <input type="text"/> <input type="text"/><br>HOURS PER WEEK  |
| e. Did you work outdoors in this job?<br><br><b>IF YES:</b><br>On average, how many hours a week did you work <u>outdoors</u> in this job?        | YES 1<br>NO 2 GO TO f.<br><br><input type="text"/> <input type="text"/><br>HOURS PER WEEK  | YES 1<br>NO 2 GO TO f.<br><br><input type="text"/> <input type="text"/><br>HOURS PER WEEK  |
| f. In this job, what was your level of physical activity?<br><b>(SHOW CARD U, READ CHOICES)</b>   | Mostly sitting 1<br>Mostly standing or walking 2<br>Mostly moderate physical activities 3<br>Mostly strenuous activities or hard labor 4<br>DK 9 | Mostly sitting 1<br>Mostly standing or walking 2<br>Mostly moderate physical activities 3<br>Mostly strenuous activities or hard labor 4<br>DK 9 |
| g. In this job, how many hours a week did you do strenuous activities or hard labor?  | <input type="text"/> <input type="text"/><br>HOURS PER WEEK<br><b>IF '00' HOURS GO TO NEXT JOB</b>   | <input type="text"/> <input type="text"/><br>HOURS PER WEEK<br><b>IF '00' HOURS GO TO NEXT JOB</b>   |
| h. For how many months each year did you do strenuous activities or hard labor?   | <input type="text"/> <input type="text"/><br>MONTHS PER YEAR   | <input type="text"/> <input type="text"/><br>MONTHS PER YEAR   |



**ASK a. - f. FOR EACH JOB HELD OR TYPE OF WORK DONE.**

|  | 3RD JOB   | 4TH JOB   |
|--|---|---|
| a. What was the job title or the type of work you did next for 1 year or longer?<br><br><b>(PROBE FOR TYPE OF BUSINESS OR INDUSTRY)</b>    | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>  | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>  |
| <b>IF <u>FULL-TIME</u> HOMEMAKER: ASK b. AND c. ONLY</b>   |   |   |
| b. In what year or at what age did you start working as a (JOB TITLE)?   | 19 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>AGE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> | 19 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>AGE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> |
| c. In what year or at what age did you stop working as a (JOB TITLE)?  | 19 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>AGE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> | 19 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>AGE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> |
| d. On average, how many hours <u>a week</u> did you usually work in this job?  | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>HOURS PER WEEK  | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>HOURS PER WEEK  |
| e. Did you work outdoors in this job?<br><br><b>IF YES:</b><br>On average, how many hours a week did you work <u>outdoors</u> in this job? | YES 1<br>NO 2 GO TO f.<br><br><div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>HOURS PER WEEK  | YES 1<br>NO 2 GO TO f.<br><br><div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>HOURS PER WEEK  |
| f. In this job, what was your level of physical activity?<br><b>(SHOW CARD U, READ CHOICES)</b>  | Mostly sitting 1<br>Mostly standing or walking 2<br>Mostly moderate physical activities 3<br>Mostly strenuous activities or hard labor 4<br>DK 9  | Mostly sitting 1<br>Mostly standing or walking 2<br>Mostly moderate physical activities 3<br>Mostly strenuous activities or hard labor 4<br>DK 9  |
| g. In this job, how many hours a week did you do strenuous activities or hard labor?   | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>HOURS PER WEEK<br><b>IF '00' HOURS GO TO NEXT JOB</b>   | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>HOURS PER WEEK<br><b>IF '00' HOURS GO TO NEXT JOB</b>   |
| h. For how many months each year did you do strenuous activities or hard labor?  | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>MONTHS PER YEAR   | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>MONTHS PER YEAR   |

ASK a. - f. FOR EACH JOB HELD OR TYPE OF WORK DONE.

|  | 5TH JOB  | 6TH JOB  |
|--|--|--|
| a. What was the job title or the type of work you did next for 1 year or longer?<br><br>(PROBE FOR TYPE OF BUSINESS OR INDUSTRY)           | <div><div></div><div></div><div></div><div></div></div>  | <div><div></div><div></div><div></div><div></div></div>  |
| IF <u>FULL-TIME</u> HOMEMAKER: ASK b. AND c. ONLY  |  |  |
| b. In what year or at what age did you start working as a (JOB TITLE)?   | 19 <div><div></div><div></div></div><br>AGE <div><div></div><div></div></div>  | 19 <div><div></div><div></div></div><br>AGE <div><div></div><div></div></div>  |
| c. In what year or at what age did you stop working as a (JOB TITLE)?  | 19 <div><div></div><div></div></div><br>AGE <div><div></div><div></div></div>  | 19 <div><div></div><div></div></div><br>AGE <div><div></div><div></div></div>  |
| d. On average, how many hours <u>a week</u> did you usually work in this job?  | <div><div></div><div></div></div><br>HOURS PER WEEK  | <div><div></div><div></div></div><br>HOURS PER WEEK  |
| e. Did you work outdoors in this job?<br><br><u>IF YES:</u><br>On average, how many hours a week did you work <u>outdoors</u> in this job? | YES 1<br>NO 2 GO TO f.<br><br><div><div></div><div></div></div><br>HOURS PER WEEK  | YES 1<br>NO 2 GO TO f.<br><br><div><div></div><div></div></div><br>HOURS PER WEEK  |
| f. In this job, what was your level of physical activity?<br>(SHOW CARD U, READ CHOICES)   | Mostly sitting 1<br>Mostly standing or walking 2<br>Mostly moderate physical activities 3<br>Mostly strenuous activities or hard labor 4<br>DK 9 | Mostly sitting 1<br>Mostly standing or walking 2<br>Mostly moderate physical activities 3<br>Mostly strenuous activities or hard labor 4<br>DK 9 |
| g. In this job, how many hours a week did you do strenuous activities or hard labor?   | <div><div></div><div></div></div><br>HOURS PER WEEK<br>IF '00' HOURS GO TO NEXT JOB  | <div><div></div><div></div></div><br>HOURS PER WEEK<br>IF '00' HOURS GO TO NEXT JOB  |
| h. For how many months each year did you do strenuous activities or hard labor?  | <div><div></div><div></div></div><br>MONTHS PER YEAR   | <div><div></div><div></div></div><br>MONTHS PER YEAR   |

CONTINUATION PAGE USED

YES  
NO

1  
2

NUMBER OF CONTINUATION PAGES USED

## SECTION J. PREGNANCY HISTORY

The next section of the interview is about your pregnancies.

- J1. How many times have you been pregnant? Please include all live births, stillbirths, miscarriages, abortions, tubal or ectopic pregnancies.

|  |  |
|--|--|
|  |  |
|--|--|

**IF NEVER PREGNANT:** RECORD 98  
GO TO J14, page 59.

**IF ONE OR MORE PREGNANCIES:**

Now I would like to ask you some questions about (each of your pregnancies / your pregnancy).

**GO TO J2.**

**NOTE: MULTIPLE BIRTHS SHOULD BE COUNTED AS ONE PREGNANCY**

**ASK J2 - J13 FOR EACH PREGNANCY BEFORE ASKING ABOUT NEXT PREGNANCY.**

|   | 1ST<br>PREGNANCY   | 2ND<br>PREGNANCY   | 3RD<br>PREGNANCY   |
|---|--|--|--|
| <b>J2. What was the outcome of your (first / next) pregnancy?</b><br><b>(SHOW CARD V, READ CHOICES)</b><br><br>Single live birth 2<br>Multiple live birth 3<br>Stillbirth 4<br>Miscarriage 5<br>Tubal or ectopic pregnancy 6<br>Induced abortion 7<br>Currently pregnant 1<br>OTHER (SPECIFY) 8<br>DK 9<br><br><b>IF CURRENTLY PREGNANT OR FIRST PREGNANCY: SKIP TO J14</b> | <input type="checkbox"/><br><br><br><br><br><br><br><br>_____  | <input type="checkbox"/><br><br><br><br><br><br><br><br>_____  | <input type="checkbox"/><br><br><br><br><br><br><br><br>_____  |
| <b>J3. How long did this pregnancy last?</b>  | <div> <input type="text"/><input type="text"/> </div> <div>           WEEKS 1<br/>           MONTHS 2<br/>           DK 9         </div> | <div> <input type="text"/><input type="text"/> </div> <div>           WEEKS 1<br/>           MONTHS 2<br/>           DK 9         </div> | <div> <input type="text"/><input type="text"/> </div> <div>           WEEKS 1<br/>           MONTHS 2<br/>           DK 9         </div> |
| <b>J4. During what month and year (was your baby born / did this pregnancy end)?</b>  | <div> <input type="text"/><input type="text"/> </div> <div>           MO YR         </div>   | <div> <input type="text"/><input type="text"/> </div> <div>           MO YR         </div>   | <div> <input type="text"/><input type="text"/> </div> <div>           MO YR         </div>   |
| <b>IF LIVE BIRTH OR STILLBIRTH, GO TO J6.</b><br><br><b>OTHERWISE, GO TO J2 FOR THE NEXT PREGNANCY.</b>   |  |  |  |

|  | 1ST PREG  | 2ND PREG  | 3RD PREG  |
|--|---|---|---|
| <b>J6.</b> Did you breast-feed (this baby / any of these babies)?<br><br><b>IF YES:</b><br><br><b>J7.</b> Did you breast-feed (this baby / any of these babies for...(READ CHOICES)<br><br><div style="display: flex; justify-content: space-between;"> <div>less than 2 weeks</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2 weeks or longer</div> <div>2</div> </div>   | YES 1<br>NO 2 → J12<br>DK 9 → J12   | YES 1<br>NO 2 → J12<br>DK 9 → J12   | YES 1<br>NO 2 → J12<br>DK 9 → J12   |
| <b>J8.</b> Which of the following choices best describes the main reason you breast-fed for less than 2 weeks? (SHOW CARD W, READ CHOICES)<br><br><div style="display: flex; justify-content: space-between;"> <div>Insufficient milk</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Painful nursing</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Breast infection or mastitis</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER (SPECIFY)</div> <div>8</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DK</div> <div>9</div> </div>  | <div style="text-align: center;"> <input type="checkbox"/><br/> GO TO J12 </div>  | <div style="text-align: center;"> <input type="checkbox"/><br/> GO TO J12 </div>  | <div style="text-align: center;"> <input type="checkbox"/><br/> GO TO J12 </div>  |
| <b>J9.</b> How old (was the baby / were the babies) when you started to <u>regularly supplement</u> your breast-feeding with formula, regular milk, or baby food?  | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> WEEKS 1<br/> MONTHS 2<br/> DK 9 </div> </div> | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> WEEKS 1<br/> MONTHS 2<br/> DK 9 </div> </div> | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> WEEKS 1<br/> MONTHS 2<br/> DK 9 </div> </div> |
| <b>J10.</b> How old (was the baby / were the babies) when you stopped breast-feeding altogether?   | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> WEEKS 1<br/> MONTHS 2<br/> DK 9 </div> </div> | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> WEEKS 1<br/> MONTHS 2<br/> DK 9 </div> </div> | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> WEEKS 1<br/> MONTHS 2<br/> DK 9 </div> </div> |
| <b>J11.</b> Which of the following choices best describes the main reason you stopped breast-feeding when you did? (SHOW CARD X, READ CHOICES)<br><br><div style="display: flex; justify-content: space-between;"> <div>Normal weaning</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Returned or started to work</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Insufficient milk</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Painful nursing</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Breast infection or mastitis</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER (SPECIFY)</div> <div>8</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DK</div> <div>9</div> </div> | <div style="text-align: center;"> <input type="checkbox"/><br/> </div>  | <div style="text-align: center;"> <input type="checkbox"/><br/> </div>  | <div style="text-align: center;"> <input type="checkbox"/><br/> </div>  |
| <b>J12.</b> Did you receive any medication to stop milk production?<br><br><b>IF YES:</b><br><br><b>J13.</b> Was it in the form of a shot or a pill?   | YES 1<br>NO 2 → J2<br>DK 9 → J2<br><br>SHOT 1<br>PILL 2<br>DK 9   | YES 1<br>NO 2 → J2<br>DK 9 → J2<br><br>SHOT 1<br>PILL 2<br>DK 9   | YES 1<br>NO 2 → J2<br>DK 9 → J2<br><br>SHOT 1<br>PILL 2<br>DK 9   |

ASK J2 - J13 FOR EACH PREGNANCY BEFORE ASKING ABOUT NEXT PREGNANCY.

|   | 4TH<br>PREGNANCY   | 5TH<br>PREGNANCY   | 6TH<br>PREGNANCY   |
|---|--|--|--|
| <p>J2. What was the outcome of your (first / next) pregnancy?<br/>(SHOW CARD Y, READ CHOICES)</p> <p>Single live birth 2<br/>Multiple live birth 3<br/>Stillbirth 4<br/>Miscarriage 5<br/>Tubal or ectopic pregnancy 6<br/>Induced abortion 7<br/>Currently pregnant 1<br/>OTHER (SPECIFY) 8<br/>DK 9</p> <p>IF CURRENTLY PREGNANT:<br/>SKIP TO J14</p> | <div style="text-align: center;"> <input type="checkbox"/> </div><br><br><br><br><br><br><br><br><br><br>  | <div style="text-align: center;"> <input type="checkbox"/> </div><br><br><br><br><br><br><br><br><br><br>  | <div style="text-align: center;"> <input type="checkbox"/> </div><br><br><br><br><br><br><br><br><br><br>  |
| <p>J3. How long did this pregnancy last?</p>  | <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> <p>WEEKS 1<br/>MONTHS 2<br/>DK 9</p>  | <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> <p>WEEKS 1<br/>MONTHS 2<br/>DK 9</p>  | <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> <p>WEEKS 1<br/>MONTHS 2<br/>DK 9</p>  |
| <p>J4. During what month and year (was your baby born / did this pregnancy end)?</p>  | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/><br/>MO YR         </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/><br/>MO YR         </div> </div> | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/><br/>MO YR         </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/><br/>MO YR         </div> </div> | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/><br/>MO YR         </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/><br/>MO YR         </div> </div> |
| <p>IF LIVE BIRTH OR STILLBIRTH, GO TO J6.</p> <p>OTHERWISE, GO TO J2 FOR THE NEXT PREGNANCY.</p>  |  |  |  |

|   | 4TH PREG   | 5TH PREG   | 6TH PREG   |
|---|--|--|--|
| <p>J6. Did you breast-feed (this baby / any of these babies)?</p> <p><b>IF YES:</b></p> <p>J7. Did you breast-feed (this baby / any of these babies for...(READ CHOICES)</p> <p>less than 2 weeks 1</p> <p>2 weeks or longer 2</p>  | <p>YES 1</p> <p>NO 2 → J12</p> <p>DK 9 → J12</p> <p>1 GO TO J8</p> <p>2 GO TO J9</p>       | <p>YES 1</p> <p>NO 2 → J12</p> <p>DK 9 → J12</p> <p>1 GO TO J8</p> <p>2 GO TO J9</p>       | <p>YES 1</p> <p>NO 2 → J12</p> <p>DK 9 → J12</p> <p>1 GO TO J8</p> <p>2 GO TO J9</p>       |
| <p>J8. Which of the following choices best describes the main reason you breast-fed for less than 2 weeks? (SHOW CARD Z, READ CHOICES)</p> <p>Insufficient milk 1</p> <p>Painful nursing 2</p> <p>Breast infection or mastitis 3</p> <p>OTHER (SPECIFY) 8</p> <p>DK 9</p>   | <p><input type="checkbox"/></p> <p>GO TO J12</p>   | <p><input type="checkbox"/></p> <p>GO TO J12</p>   | <p><input type="checkbox"/></p> <p>GO TO J12</p>   |
| <p>J9. How old (was the baby / were the babies) when you started to <u>regularly supplement</u> your breast-feeding with formula, regular milk, or baby food?</p>   | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> |
| <p>J10. How old (was the baby / were the babies) when you stopped breast-feeding altogether?</p>  | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> |
| <p>J11. Which of the following choices best describes the main reason you stopped breast-feeding when you did? (SHOW CARD AA, READ CHOICES)</p> <p>Normal weaning 1</p> <p>Returned or started to work 2</p> <p>Insufficient milk 3</p> <p>Painful nursing 4</p> <p>Breast infection or mastitis 5</p> <p>OTHER (SPECIFY) 8</p> <p>DK 9</p> | <p><input type="checkbox"/></p>  | <p><input type="checkbox"/></p>  | <p><input type="checkbox"/></p>  |
| <p>J12. Did you receive any medication to stop milk production?</p> <p><b>IF YES:</b></p> <p>J13. Was it in the form of a shot or a pill?</p>   | <p>YES 1</p> <p>NO 2 → J2</p> <p>DK 9 → J2</p> <p>SHOT 1</p> <p>PILL 2</p> <p>DK 9</p>     | <p>YES 1</p> <p>NO 2 → J2</p> <p>DK 9 → J2</p> <p>SHOT 1</p> <p>PILL 2</p> <p>DK 9</p>     | <p>YES 1</p> <p>NO 2 → J2</p> <p>DK 9 → J2</p> <p>SHOT 1</p> <p>PILL 2</p> <p>DK 9</p>     |

**ASK J2 - J13 FOR EACH PREGNANCY BEFORE ASKING ABOUT NEXT PREGNANCY.**

|   | 7TH<br>PREGNANCY   | 8TH<br>PREGNANCY   | 9TH<br>PREGNANCY   |
|---|--|--|--|
| <b>J2. What was the outcome of your (first / next) pregnancy?</b><br><b>(SHOW CARD BB, READ CHOICES)</b><br><br>Single live birth 2<br>Multiple live birth 3<br>Stillbirth 4<br>Miscarriage 5<br>Tubal or ectopic pregnancy 6<br>Induced abortion 7<br>Currently pregnant 1<br>OTHER (SPECIFY) 8<br>DK 9<br><br><b>IF CURRENTLY PREGNANT:</b><br><b>SKIP TO J14</b> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>J3. How long did this pregnancy last?</b>  | <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> <div>WEEKS</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTHS</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DK</div> <div>9</div> </div> | <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> <div>WEEKS</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTHS</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DK</div> <div>9</div> </div> | <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> <div>WEEKS</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTHS</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DK</div> <div>9</div> </div> |
| <b>J4. During what month and year (was your baby born / did this pregnancy end)?</b>  | <div style="display: flex; justify-content: space-around;"> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div>MO</div> <div>YR</div> </div>  | <div style="display: flex; justify-content: space-around;"> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div>MO</div> <div>YR</div> </div>  | <div style="display: flex; justify-content: space-around;"> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div>MO</div> <div>YR</div> </div>  |
| <b>IF LIVE BIRTH OR STILLBIRTH, GO TO J6.</b><br><br><b>OTHERWISE, GO TO J2 FOR THE NEXT PREGNANCY.</b>   |  |  |  |



|   | 7TH PREG   | 8TH PREG   | 9TH PREG   |
|---|--|--|--|
| <p>J6. Did you breast-feed (this baby / any of these babies)?</p> <p><b>IF YES:</b></p> <p>J7. Did you breast-feed (this baby / any of these babies for...(READ CHOICES)</p> <p>less than 2 weeks 1</p> <p>2 weeks or longer 2</p>  | <p>YES 1</p> <p>NO 2 → J12</p> <p>DK 9 → J12</p> <p>1 GO TO J8</p> <p>2 GO TO J9</p>       | <p>YES 1</p> <p>NO 2 → J12</p> <p>DK 9 → J12</p> <p>1 GO TO J8</p> <p>2 GO TO J9</p>       | <p>YES 1</p> <p>NO 2 → J12</p> <p>DK 9 → J12</p> <p>1 GO TO J8</p> <p>2 GO TO J9</p>       |
| <p>J8. Which of the following choices best describes the main reason you breast-fed for less than 2 weeks? (SHOW CARD CC, READ CHOICES)</p> <p>Insufficient milk 1</p> <p>Painful nursing 2</p> <p>Breast infection or mastitis 3</p> <p>OTHER (SPECIFY) 8</p> <p>DK 9</p>  | <p><input type="checkbox"/></p> <p>GO TO J12</p> <p>_____</p>                              | <p><input type="checkbox"/></p> <p>GO TO J12</p> <p>_____</p>                              | <p><input type="checkbox"/></p> <p>GO TO J12</p> <p>_____</p>                              |
| <p>J9. How old (was the baby / were the babies) when you started to <u>regularly supplement</u> your breast-feeding with formula, regular milk, or baby food?</p>   | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> |
| <p>J10. How old (was the baby / were the babies) when you stopped breast-feeding altogether?</p>  | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> | <p><input type="text"/><input type="text"/></p> <p>WEEKS 1</p> <p>MONTHS 2</p> <p>DK 9</p> |
| <p>J11. Which of the following choices best describes the main reason you stopped breast-feeding when you did? (SHOW CARD DD, READ CHOICES)</p> <p>Normal weaning 1</p> <p>Returned or started to work 2</p> <p>Insufficient milk 3</p> <p>Painful nursing 4</p> <p>Breast infection or mastitis 5</p> <p>OTHER (SPECIFY) 8</p> <p>DK 9</p> | <p><input type="checkbox"/></p> <p>_____</p>   | <p><input type="checkbox"/></p> <p>_____</p>   | <p><input type="checkbox"/></p> <p>_____</p>   |
| <p>J12. Did you receive any medication to stop milk production?</p> <p><b>IF YES:</b></p> <p>J13. Was it in the form of a shot or a pill?</p>   | <p>YES 1</p> <p>NO 2 → J2</p> <p>DK 9 → J2</p> <p>SHOT 1</p> <p>PILL 2</p> <p>DK 9</p>     | <p>YES 1</p> <p>NO 2 → J2</p> <p>DK 9 → J2</p> <p>SHOT 1</p> <p>PILL 2</p> <p>DK 9</p>     | <p>YES 1</p> <p>NO 2 → J2</p> <p>DK 9 → J2</p> <p>SHOT 1</p> <p>PILL 2</p> <p>DK 9</p>     |

CONTINUATION PAGE USED:

|     |   |
|-----|---|
| YES | 1 |
| NO  | 2 |

NUMBER OF CONTINUATION PAGES USED

J14. Birth control pills are taken for many reasons. These include to regulate your menstrual periods, to prevent pregnancy, and for other health reasons. Did you ever take birth control pills for any reason? (INCLUDE 'NORPLANT' OR OTHER BIRTH CONTROL IMPLANTS AND BIRTH CONTROL INJECTIONS.)

|     |             |
|-----|-------------|
| YES | 1           |
| NO  | 2 GO TO K1. |
| DK  | 9 GO TO K1. |

**IF YES:**

J15. How old were you when you first took birth control pills?

|                      |                      |     |
|----------------------|----------------------|-----|
| <input type="text"/> | <input type="text"/> | AGE |
|----------------------|----------------------|-----|

J16. Are you currently taking birth control pills?

|     |              |
|-----|--------------|
| YES | 1 GO TO J18. |
| NO  | 2            |

**IF NO:**

J17. How old were you when you last took birth control pills?

|                      |                      |     |
|----------------------|----------------------|-----|
| <input type="text"/> | <input type="text"/> | AGE |
|----------------------|----------------------|-----|

J18. In total, for how many months or years have you taken birth control pills? Do not include any months when you did not take them.

|                      |                      |   |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> |   |
| MONTHS               |                      | 1 |
| YEARS                |                      | 2 |
| DK                   |                      | 9 |

## SECTION K. MENSTRUAL HISTORY AND HORMONE USE

The next questions are about your menstrual periods and use of female hormones.

K1. How old were you when you had your first menstrual period?

|  |  |
|--|--|
|  |  |
|--|--|

 AGE

**IF NEVER MENSTRUATED: RECORD 98 AND GO TO K5.**

K2. When did you have your last menstrual period?

|  |  |
|--|--|
|  |  |
|--|--|

 MONTHS AGO

|  |  |
|--|--|
|  |  |
|--|--|

 YEARS AGO

|  |  |
|--|--|
|  |  |
|--|--|

 AGE

|  |  |    |  |  |
|--|--|----|--|--|
|  |  | 19 |  |  |
|--|--|----|--|--|

 MONTH/YEAR

K3. Which of the following best describes your menstrual status in 19\_\_ (REFERENCE YEAR)?  
(SHOW CARD EE, READ CHOICES)

- |   |   |
|---|---|
| Still having periods  | 1 |
| Still having periods but going through<br>the change of life or menopause | 2 |
| Periods had stopped but started again<br>because of hormone use           | 3 |
| Completed menopause or change of<br>life, periods stopped by themselves   | 4 |
| Periods stopped because of surgery<br>or other medical treatment          | 5 |
| OTHER (SPECIFY) _____   |   |
| DK  | 9 |

- K4. Now I have some questions about estrogens or progestins. These are often given to relieve menopausal symptoms such as hot flashes. These hormones may have been in the form of pills, shots, skin patches, creams, or vaginal suppositories. The most common type of estrogen is Premarin. The most common type of progestin is Provera.

Have you ever taken estrogens or progestins for any reason? Do not include birth control pills.

|     |   |            |
|-----|---|------------|
| YES | 1 |            |
| NO  | 2 | GO TO K14. |
| DK  | 9 | GO TO K14. |

**IF YES:**

- |  |     |   |           |
|--|-----|---|-----------|
| K5. Were you still having periods when you first took estrogens or progestins? | YES | 1 | GO TO K7. |
|  | NO  | 2 |           |
|  | DK  | 9 | GO TO K7. |

**IF NO:**

- K6. When did you have your last menstrual period before beginning hormone use?

|  |  |    |                |
|--|--|----|----------------|
|  |  |    | AGE            |
|  |  | 19 |                |
|  |  |    | MONTH/<br>YEAR |

- K7. How old were you when you first took estrogens or progestins?

|  |  |     |
|--|--|-----|
|  |  | AGE |
|--|--|-----|

- K8. Are you currently taking estrogens or progestins?

|     |   |            |
|-----|---|------------|
| YES | 1 | GO TO K10. |
| NO  | 2 |            |

**IF NO:**

- K9. How old were you when you last took estrogens or progestins?

|  |  |     |
|--|--|-----|
|  |  | AGE |
|--|--|-----|

- K10. In total, for how many months or years have you taken estrogens or progestins? Do not include any months when you did not take them.

|  |  |        |
|--|--|--------|
|  |  |        |
|  |  | MONTHS |
|  |  | YEARS  |
|  |  | DK     |
|  |  | 1      |
|  |  | 2      |
|  |  | 9      |

K11. While estrogens and progestins are often taken together, some women take estrogen alone. Have you ever taken estrogen alone, that is, without taking a progestin within the same month or cycle?

|     |              |
|-----|--------------|
| YES | 1            |
| NO  | 2 GO TO K14. |
| DK  | 9 GO TO K14. |

**IF YES:**

K12. How old were you when you first took estrogen alone?

|  |  |
|--|--|
|  |  |
|--|--|

AGE

K13 In total, for how many months or years did you take estrogen alone? Do not include any months when you did not take it.

|  |  |
|--|--|
|  |  |
|--|--|

|        |   |
|--------|---|
| MONTHS | 1 |
| YEARS  | 2 |
| DK     | 9 |

K14. Have you ever taken Tamoxifen or Nolvadex?

YES  
NO  
DK

1  
2 GO TO L1.  
9 GO TO L1.

**IF YES:**

K15. How old were you when you first took Tamoxifen or Nolvadex?

AGE

K16. Are you currently taking Tamoxifen or Nolvadex?

YES  
NO

1 GO TO K18.  
2

**IF NO:**

K17. How old were you when you last took Tamoxifen or Nolvadex?

AGE

K18. In total, for how many months or years have you taken Tamoxifen or Nolvadex? Do not include any months when you did not take it.

MONTHS 1  
YEARS 2  
DK 9

## SECTION L. MEDICAL HISTORY

- L1. Have you ever had a hysterectomy, that is, surgery to remove your uterus or womb?
- |     |             |
|-----|-------------|
| YES | 1           |
| NO  | 2 GO TO L3. |
| DK  | 9 GO TO L3. |

### IF YES:

- L2. How old were you when you had the hysterectomy?

|  |  |
|--|--|
|  |  |
|--|--|

AGE

- L3. Have you ever had one or both of your ovaries completely removed?

- |                   |             |
|-------------------|-------------|
| YES, ONE OVARY    | 1           |
| YES, BOTH OVARIES | 2           |
| NO                | 3 GO TO L5. |
| DK                | 9 GO TO L5. |

### IF YES:

- L4. How old were you when you had your (ovary / ovaries) removed?

|  |  |
|--|--|
|  |  |
|--|--|

FIRST OVARY

|  |  |
|--|--|
|  |  |
|--|--|

SECOND OVARY

- L5. Have you ever had breast tissue removed by a biopsy for benign breast disease such as a cyst or breast lump that was not cancer?

- |     |             |
|-----|-------------|
| YES | 1           |
| NO  | 2 GO TO L7. |
| DK  | 9 GO TO L7. |

### IF YES:

- L6. How old were you when you had this first done?

|  |  |
|--|--|
|  |  |
|--|--|

AGE

Now I will ask you about some medical conditions you may have had before 19\_\_ (1 + REFERENCE YEAR).

| L7. Has a doctor ever told you that you had (CONDITION) ? (SHOW CARD GG) |                       | IF YES:<br>L8. How old were you when the doctor first told you that you had (CONDITION)? |
|--|-----------------------|--|
| Epilepsy or epileptic seizures   | YES 1<br>NO 2<br>DK 9 | <input type="text"/> <input type="text"/>  |
| Cirrhosis or other liver disease   | YES 1<br>NO 2<br>DK 9 | <input type="text"/> <input type="text"/>  |
| Kidney disease   | YES 1<br>NO 2<br>DK 9 | <input type="text"/> <input type="text"/>  |
| Parathyroid disease  | YES 1<br>NO 2<br>DK 9 | <input type="text"/> <input type="text"/>  |
| Any type of thyroid disease or goiter                                    | YES 1<br>NO 2<br>DK 9 | <input type="text"/> <input type="text"/>  |
| Cataracts  | YES 1<br>NO 2<br>DK 9 | <input type="text"/> <input type="text"/>  |
| Skin cancer  | YES 1<br>NO 2<br>DK 9 | <input type="text"/> <input type="text"/>  |

L9. Have you ever taken Dilantin or any other anti-seizure medications for more than 6 months before 19\_\_ (1 + REFERENCE YEAR)?

YES 1  
NO 2  
DK 9



- L10. Women receive radiation treatment to the chest for conditions such as tuberculosis, breast problems after childbirth, Hodgkin's disease, and other conditions. Before 19\_\_\_\_  
(1 + REFERENCE YEAR) did you ever receive radiation treatment to the chest for a medical problem? Please do not include radiation treatment for breast cancer or chest x-rays.

|     |             |
|-----|-------------|
| YES | 1           |
| NO  | 2 GO TO M1. |
| DK  | 9 GO TO M1. |

**IF YES:**

- L11. How old were you when you first received this treatment?

|  |  |
|--|--|
|  |  |
|--|--|

AGE

- L12. For what disease or condition did you receive this treatment?

|  |   |
|--|---|
| TUBERCULOSIS                             | 1 |
| BREAST PROBLEMS (POSTPARTUM<br>MASTITIS) | 2 |
| HODGKIN'S DISEASE                        | 3 |
| OTHER (SPECIFY) _____                    | 8 |
| _____                                    |   |
| DK                                       | 9 |

## SECTION M.

The last questions are unrelated to health, but will help us evaluate the scientific methods we used in this study.

M1. Do you have an answering machine or voice mail?

|                   |             |
|-------------------|-------------|
| ANSWERING MACHINE | 1           |
| VOICE MAIL        | 2 GO TO END |
| BOTH              | 3           |
| NONE              | 4 GO TO END |
| DK                | 9           |

### IF ANSWERING MACHINE:

M2. Would you say that you or other members of your household screen your calls....  
(READ CHOICES)

|                  |   |
|------------------|---|
| Never or rarely  | 1 |
| Sometimes        | 2 |
| Most of the time | 3 |
| Always           | 4 |
| DK               | 9 |

### END:

These are all the questions I have for you. Is there anything else you would like to add or any questions you have for me?

Thank you for your participation in this research study.

Your cooperation, time and effort in this study will help increase the medical community's understanding and knowledge about women's health issues.

Presently there are several other epidemiologic studies being conducted in the Bay Area on breast health. If you are invited to participate, we hope you will be as generous with your time and interest on those research investigations as you have been with us. We (I) encourage you to participate, as your contribution can not be replaced by anyone else's, and the studies all focus on answering different questions.

My supervisor and/or I may contact you in the near future to clarify a question.

Thank you again. (OFFER BROCHURE)

TIME INTERVIEW COMPLETED:

|                      |                      |                      |                      |    |   |
|----------------------|----------------------|----------------------|----------------------|----|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | AM | 1 |
| HR                   | MIN                  |                      |                      | PM | 2 |

## INTERVIEWER ASSESSMENT

1. PARTICIPANT'S COOPERATION WAS ....
 

|           |   |
|-----------|---|
| VERY GOOD | 1 |
| GOOD      | 2 |
| FAIR      | 3 |
| POOR      | 4 |
  
2. THE OVERALL QUALITY OF THIS INTERVIEW IS ...
 

|                    |   |
|--------------------|---|
| HIGH QUALITY       | 1 |
| GENERALLY RELIABLE | 2 |
| QUESTIONABLE       | 3 |
| UNSATISFACTORY     | 4 |

| HOW MUCH DIFFICULTY DID THE PARTICIPANT HAVE IN ANSWERING EACH OF THE FOLLOWING SECTIONS? |   | IF SOME OR A LOT, DESCRIBE |
|---|---|----------------------------|
| DEMOGRAPHICS AND CULTURAL BACKGROUND  | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |                            |
| PHYSICAL ACTIVITY   | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |                            |
| SUNLIGHT EXPOSURE   | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |                            |
| DIET  | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |                            |
| VITAMINS  | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |                            |
| ANTHROPOMETRY   | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |                            |
| RESIDENTIAL HISTORY   | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |                            |

|  |   |  |
|--|---|--|
| OCCUPATIONAL HISTORY                   | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |  |
| PREGNANCY HISTORY                      | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |  |
| MENSTRUAL HX, HORMONE USE & MEDICAL HX | NONE 1<br>A LITTLE 2<br>SOME 3<br>A LOT 4 |  |

3. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW? YES 1  
NO 2

**IF YES:** DESCRIBE

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4. WAS A THIRD PERSON PRESENT DURING THE INTERVIEW? YES 1  
NO 2

**IF YES:**

5. WHO? HUSBAND 1  
SON OR DAUGHTER 2  
OTHER RELATIVE 3  
OTHER (SPECIFY) \_\_\_\_\_ 8

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6. HOW MUCH DID THE THIRD PERSON CONTRIBUTE TO THE INFORMATION?

NONE 1  
A LITTLE 2  
SOME 3  
A LOT 4